

THE MEDICAL NEWS.

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ORIGINAL ARTICLES.

ON A METHOD OF POST-MORTEM EXAMINATION OF THE THORACIC AND ABDOMINAL VISCERA

THROUGH VAGINA, PERINEUM, AND RECTUM, AND WITHOUT INCISION OF THE ABDOMINAL PARIETES.

By HOWARD A. KELLY, M.D.,

RESIDENT PHYSICIAN AT THE EPISCOPAL HOSPITAL, PHILADELPHIA.

It is often a source of great disappointment to physicians to be unable to secure autopsies in obscure cases, on account of the unwillingness of relations and friends to permit any "mutilation" of the body.

In a large proportion of such cases the difficulty may be met, and a satisfactory autopsy secured by the method described in this paper, which I have now practised in five cases.

A post-mortem was very desirable in the case of a powerful Irishman aged thirty-two years, who died in the Episcopal Hospital of right apex pneumonia. His friends, however, were of that class who never consent to any disturbance of the remains for purposes medical or scientific, so I could only make the requisite examination on condition that I should not make any visible mutilation of the body.

The rigor mortis was extreme, rendering it impossible to flex the legs into the lithotomy position with the help of a strong assistant, so they were drawn apart to an angle of about sixty degrees and held in an elevated posture by bandaging to a long gas-pipe over the table.

Drawing the scrotum up, I made an incision from the perineo-scrotal junction to the margin of the anus and down to the bulb. Then cutting around this, and carrying the knife through the subjacent tissue up to the pelvic fascia underlying the vesico-rectal pouch, without injuring either bladder or rectum, the left hand was forced in, and gradually worked up through the pelvic into the abdominal cavity, between the parietal peritoneum and the recti muscles.

Breaking through the peritoneum, the hand was immediately invested on all sides by intestines, which clung to it, fitting like a tight glove, and following every movement with an indescribable sensation of suction, most impressively demonstrating the compact relations and mutual adaptability of the viscera.

Pushing the arm, bared to the shoulder, steadily upwards the free border of the liver was reached, and that organ depressed. An unsuccessful attempt was made to perforate the diaphragm with the fingers. The arm was withdrawn, and again introduced carrying up a scalpel with its blade flat against the index finger. The diaphragm nicked and the

knife withdrawn, a large rent was easily made, and the hand passed into the right pleural cavity. The condition of the whole lung was ascertained by touch. The lower lobe was soft and crepitant. Some large, fatty-looking, infiltrated shreds of lymph were torn from its pleural surface and removed. The upper lobe was solid and denser than the friable liver. Adhesions similar to those below existed everywhere over the apex, but were readily detached, and masses of the same kind of lymph brought down.

The whole right lung was dragged partly into the abdomen, when the knife was again needed to sever the bronchus and the vessels at its root, after which it was removed from the body in two perfect parts. The lower lobe coming first, slipped down into and out of the pelvis without any trouble.

The consolidated upper lobe offered considerable resistance at the superior pelvic strait. It finally engaged and was slowly expelled intact by combined traction through the perineal incision and expression through the lax abdominal walls. It fell with a thud to the floor, looking more like a liver as it lay, of a dark-red color and convexity up.

On section it presented the appearances characteristic of pneumonic tissue passing from the second to the third stage.

The right kidney was removed, and found to be enlarged and greatly congested.

Upon the completion of the autopsy some wads of oakum were pushed up into the abdominal cavity, and the perineal incision carefully closed by sutures, and upon returning the body to its proper position not the slightest trace of the examination remained visible.

This man was five feet nine inches in height, and measured twenty-nine inches from top of sternum to perineum over the surface of the body.

The difficulties encountered were probably as great as any to be met ordinarily in removing thoracic viscera through the pelvis. With my hand in the cavity I could easily touch the first intercostal spaces and examine the whole interior of the chest.

The heart can be removed in the same way, and if necessary a short-bladed, long-shanked knife can be introduced subcutaneously to divide the great vessels at its base.

Of the abdominal viscera, the intestines, spleen, pancreas, and kidneys can be taken away without difficulty, the liver must ordinarily be divided.

My hand when squeezed up, with the fingers elongated, measures seven and a half inches in circumference, my forearm eight and a half, and the arm nine inches. It would hardly be possible for an arm exceeding these measurements by two inches to make a post-mortem on an average subject in this manner. The arm is frequently obliged to rest, temporarily paralyzed by the constrained posi-

tion, and by the pressure made on the muscles by the sharp angle at the superior pelvic strait, and the strong suction made by all the surrounding structures when traction is made on any viscus.

This last difficulty is a serious one, and it would be much better to obviate it by making a puncture and introducing a small tube to allow free access of air.

This method of securing an autopsy can be practised with slight modification and to still greater advantage, in regard to neatness and perfect concealment, upon the female, as in the following case:

M. O'H., a fine-looking, well-formed Irish girl of twenty-two, living in a large inland town, was brought to the hospital in a condition of extreme anasarca, from which she shortly afterwards died.

On account of the objections urged by her friends, it was determined to make the examination, if possible, without leaving any external trace of it. Bringing the body down to the end of the table and separating the legs as far as possible, the vagina was well syringed, and then, with two fingers of the left hand guiding the knife in the right, an incision was made in the right fornix, through the vaginal wall close to the os uteri. Pushing in the whole left hand and forcing it through the rent, the abdominal cavity was readily reached and the contents examined.

The right kidney, which proved to be a large white kidney weighing eight ounces, was slowly loosened from its attachments and dragged down, frequent pauses being necessary to allow the arm to regain strength. The use of the knife was not necessary in this post-mortem, which was performed before the one above described.

After taking out the left kidney, which presented the same appearance, the vagina was packed with cotton and the body replaced in the coffin, bearing no marks which could suggest a disturbance of the remains.

In the case of G. W., a man twenty years of age, who died in the ward in consequence of large pleuritic effusion and complete splenization of the right lung, and the same condition partially advanced in the left, and marked pericarditis, I made an autopsy of the thoracic viscera per rectum, hoping in this way to make as neat and complete an examination as that in the woman per vaginam.

After giving the gut a thorough washing out, the hand was pushed in, expending considerable force in the gradual dilatation of the sphincters, and the rectal pouch cut through posteriorly. The hand was pushed through this incision and up the hollow and over the promontory of the sacrum into the abdomen. Breaking through the peritoneum, the liver was depressed and the thorax reached and examined as in the first case, and the specimens removed.

The anus was left as large as my arm and gaping, a far more conspicuous object than the closed perineal wound well concealed by the legs and scrotum.

A METHOD PROPOSED TO SECURE CHILDREN AGAINST ATTACKS OF DIPHTHERIA.

BY F. PEYRE PORCHER, M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS IN THE MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA, CHARLESTON.

(Read before the South Carolina Medical Association April, 1883.)

IN the course of a review published in the *Charleston Medical Journal* many years since, in a letter to a medical gentleman in Philadelphia written in 1878, which appeared in a medical journal in that city, and which was copied in the *Medical Brief of Missouri*, the prescription it contained being also reprinted in *Naphey's Therapeutics*, first edition, I submitted a plan for preventing the attacks of this fatal disease. The measures recommended were to be used by those who were well, but exposed to its contagion. My ideas were based upon the fact that diphtheria at its inceptive stage is local, and generally has its seat upon the fauces, which, if acted on and modified by suitable agents, would not offer a nidus for its reception. If micro-organisms are the agents by which diphtheria is caused or propagated, then they will be less likely to effect a lodgement upon surfaces which are subjected to the repeated action of remedies which, whilst uninjurious, may also prove efficient in the destruction of such organisms. I also selected agents well known for their activity and value as tonics, depurants, and antiseptics, which would be adapted to the treatment of the disease should our efforts at prevention prove abortive.

The prescription is as follows, the alcohol being a comparatively recent addition:

R.—Chlorate of potash,	1 to 2 drachms.
Mur. tinct. of iron,	2 to 3 drachms.
Quinine,	15 to 20 grains.
Hyposulphite of soda,	1 to 2 drachms.
Alcohol,	1 to 2 ounces.
Water,	6 ounces.—M.

S.—A teaspoon to a desertspoonful, in a little water, to be used two or three times a day by those exposed to the contagion.

I have directed and used this combination for years past in many families here, by whom it has always been kept; upon my recommendation it has been given elsewhere; and though the testimony must always be negative, I have never known a case of diphtheria to occur where it was employed. The experience of one physician, however, cannot be conclusive upon such a subject, and others must examine into the merits of a claim of such importance.

In the early part of the past year in a communication, made at his request, to my friend, Dr. Thomas F. Wood, editor of the *North Carolina Medical Journal*, I suggested that an addition might be made to the above formula in the case of children much exposed to the dangers of infection; when, for example, the disease existed or had recently occurred in a household. This consisted in the addition to each dose of one-fiftieth to one-seventy-fifth of a grain of the bichloride of mercury, and it was based upon the special power of this agent in its action on micro-organisms as an antiseptic, germicide and parasiticide.

In the recent paper by Dr. Sternberg (*American Journal of the Medical Sciences*, for April, 1883), entitled "Experiments to Determine the Germicide Value of Certain Therapeutic Agents," the highest rank is given to the bichloride of mercury as a germicide, iodine being next in order; and he states as a confirmatory fact that they are now using it in Vienna as a remedy in diphtheria. Dr. James C. Wilson, of Philadelphia, in an article in the same issue, recommends it as a potent disinfectant for the stools of enteric fever. Dr. R. F. Weir, in an article published in *THE MEDICAL NEWS* for May 5, 1883, has also referred to the probable value of corrosive sublimate, given internally, in germ diseases. These observations only confirm the value of the suggestion I had long since made with regard to the use of this agent. The employment with similar intent of thymol, salicylic acid, eucalyptus, the oils of gaultheria and mint, or the combination known as "Listerine," may prove useful; but I do not think that principles derived from vegetables will modify mucous surfaces or the blood as powerfully as those from mineral.

If diphtheria be so great a scourge, and the combination I propose be not hurtful but beneficial—even if regarded simply as a tonic and roborant—if there is even a probability that it will prevent attacks, then I hope that the profession will test the efficacy of this formula. If my anticipation becomes realized by the observations of others, then such uninjurious agents, as were advised in the original prescription will not be withheld even from the laity, but will be widely disseminated.

In conclusion, I would add that I have found it serviceable likewise in scarlet fever, and, with the substitution of two or three drachms of supertartrate of potash for the hyposulphite of soda, it has proved in my hands extremely useful in erysipelas, in cellulitis, and diseases of the lymphatic system where there are swelling and puffiness of the subcutaneous cellular tissues.

MEDICAL PROGRESS.

ACTION OF LEAD ON THE STOMACH AND INTESTINES.—RUDOLPH MAIER draws the following conclusions from experiments which he made on this subject: Rabbits and guinea-pigs died from lead-poisoning with doses of grs. iij, daily in from ten to two hundred and twenty-six days. In all of them marked changes were observed in the stomach and intestine. There occurred first, turbidity and fatty degeneration of the gland-cells; second, dilatation of the arteries, venous congestion, hemorrhages and circumscribed brown softening; third, increase in the submucous connective tissue, and sclerotic degeneration of the submucous and mesenteric ganglia. The changes in these latter give rise to lead colic. The changes in the intestine explain the emaciation of the animals. The author considers himself justified in drawing general conclusions regarding chronic lead-poisoning from his experiments, and in defining the condition as parenchymatous degeneration with consequent induration of the connective tissue, similar to chronic phosphorous poisoning, and the symptoms are those of chronic hemorrhagic inflammation, and of a neurosis affecting the most diverse parts of the nervous system.—*Practitioner*, June, 1883.

INSTRUMENT FOR DILATING THE CERVIX BY ELASTIC PRESSURE.—DR. E. T. WILLIAMS recently presented such an instrument to the Boston Society for Medical Improvement. It consists of a soft rubber bulb and flexible tube, a pair of compressing splints, and an elastic rubber band. The bulb, being filled with water, is to be connected with a Barnes' bag or any other water dilator. This being inserted into the cervix, compression is to be applied to the bulb by means of the splints and elastic band, and the instrument left in position to do its own work. Compression can be graduated to fit the circumstances of the case.

The means of connecting the Barnes' bag with the tube from the bulb, is by a screw on the tube, fitted to hold the small nozzle of a Davidson's syringe, which nozzle is to be slipped into the tube of the dilator and securely tied in.

Connection can also be made with Emmet's dilator. The upper part of the instrument being carried beyond the os internum, necessarily bulges into the cavity of the womb, thus forming a sort of head, like the head of a nail, which keeps the dilator from slipping out. No portion of the bag should be permitted to protrude below the external os, for if this happens, bulging will occur at this point and tend to draw the dilator out of the uterus. The same thing happens with sponge tents if not cut off even with the os. The chief defect in Emmet's instrument is the insecurity of the button-clamp by which the bag is secured to the tube, which will not stand the necessary amount of pressure.

He also showed a substitute for Emmet's instrument, consisting of a flexible rubber tube with a perforated wooden spool-shaped tip, and over the tip two rubber finger-cots secured with twine. The inner cot is intact and intended to be filled with water; the outer had a hole for the introduction of a sound, which, being pushed up between them, serves to introduce the instrument into the uterus. This takes the place of the "sleeve" of Emmet's dilator. The sound can be removed when the bags became fully engaged. The objection to all these instruments is their bulk, which prevents their use except when some dilatation exists already.

For the normal non-pregnant os, he showed a metallic intra-uterine syringe tube, with a screw to fit the bulb tube already described. Over the end of the silver tube a rubber cot was tied. A slight swelling of the tube, two and a half inches from the end, would keep the cots from slipping off. Some small cots, made for the speaker, were shown, having a diameter of a quarter, a third, and a half inch. These may be inserted like a sponge tent. The tendency to slip out of the uterus can probably be prevented by packing the vagina or by tying in the syringe tube like a catheter.—*Boston Medical and Surgical Journal*, June 7, 1883.

EFFECT OF DRUGS ON HÆMAGLOBIN.—An investigation on this subject has led Fenoglio to the following results: Preparations of iron have a very unequal action, and during their administration the quantity of hæmoglobin in the blood should always be tested. Lactate of iron and Bland's pills (consisting of oxide of iron and carbonate of potash) are preferable to Bravais' dialyzed iron; but though this preparation is not so powerful as the others, it is by no means without effect. The action of Fowler's solution becomes more powerful the longer it is continued. Notwithstanding the opposition of many authors, Fowler's solution is indicated in anæmia and chlorosis, and all conditions where the hæmoglobin of the blood is diminished, for this preparation both increases the hæmoglobin and improves the appetite and the general appearance.—*Practitioner*, June, 1883.

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SATURDAY, JUNE 30, 1883.

BACILLUS NOTES.

It is evident from recent studies, that methods of treatment have much to do with success or failure in the demonstration of these organisms in tubercular tissues. It will be remembered that both Koch and Ehrlich asserted that tubercle-bacilli are stained by alkaline solutions of certain aniline colors, but that they are impermeable to acids and certain brown colors, as Bismarck-brown and vesuvin, and that therefore they are not stainable by the former and cannot be decolorized by the action of the latter.

Recently, however, not only Spina, but Lichtheim, Ziehl, Finkler, and Eichler have controverted these views. Spina, Lichtheim, and Ziehl have shown that the staining solutions need not necessarily possess an alkaline reaction. Spina, Ziehl, Finkler, and Eichler have shown that nitric acid penetrates the bacilli; and Spina, Finkler, and Eichler have all noted the staining of bacilli by the brown coloring matters.

Recently, at the invitation of Prof. Stricker, Drs. Kaberhel and Matray have repeated Spina's experiments, and have shown that all solutions of methyl-violet and methyl-blue, whether alkaline or acid, stain the bacilli; and have further observed that the stained tubercle-bacilli are decolorized by nitric acid; while Kaberhel has also shown that tubercle-bacilli may be stained in solutions of brown coloring matter, and Matray has treated tubercle-bacilli with a mixture of acidulated solutions of fuchsin and vesuvin, with the effect of staining many of them, although Koch and Ehrlich

have denied that staining would take place under such circumstances.

So, also, Dr. Lawrason, of New Orleans, who has been working in Philadelphia upon this subject for some months, has shown that the effect of a too prolonged treatment by nitric acid is to remove all the color from the bacilli and to render many of them invisible. We have recently examined some exquisite examples of sections made by this gentleman, of tuberculosis of the lungs and lymphatic glands, in which aggregations of stained bacilli quite large enough to be seen by the naked eye are present, resolvable by the microscope, aided by an achromatic condenser, into collections of typical *bacilli tuberculosis*. The sections were treated by saturated watery solutions of aniline oil, 100 parts, and saturated alcoholic solution of fuchsin, 11 parts, and then placed in a solution of one-third formic acid and two-thirds water for two hours. The sections were then thoroughly washed in absolute alcohol, cleared up with oil of cloves and mounted. He informs us emphatically that the effect of prolonged immersion in solutions of nitric acid is to decolorize the bacilli and to make them invisible.

Finally, by pursuing Koch's method Dr. Matray has succeeded in staining blue upon a dark ground, rod bacteria, isolated cocci, cocci in pairs and in colonies as well as leptothrix and torula forms of bacteria. These have been found in bronchiectatic sputum, in that of bronchial asthma, and diffuse bronchitis, in the coating of the tongue of non-phthisical individuals, lochia of a non-phthisical lying-in woman, in the sputum of pneumonia, in the stools of typhus patients, and in the fluid expressed from the tissues of a man dead of malignant cedema. He also found from the same sources and localities, except the last, bacilli exactly similar in form and size, grouping, and reactions to the so-called tubercle-bacilli of Koch.

At the conclusion of an article in the *Wiener medizinische Presse* for May 13th, Dr. Arnold Spina justly claims that these facts confirm the conclusions arrived at in his original studies, viz., that other cleft fungi behave precisely towards staining agents as do the bacilli of Koch, while the latter also deport themselves towards staining fluids as other bacteria. Not only this, but they lead us to expect the constant occurrence of bacilli in the organs of the body, and such an assertion is indeed made by Dr. Gärtner, of Vienna, who promises later to publish detailed results.

IN striking contrast with the above, we formulate from the results of a recent study of 380 cases of pulmonary phthisis by Fräntzel (*Deut. med. Wochenschr.*, for April 25th), the following conclusions:

1. Whenever tubercle-bacilli are found in the

expectoration there must exist tuberculosis of the lungs.

2. On the other hand, where the expectoration from pulmonary disease, notwithstanding repeated and careful investigations, contains no tubercle bacilli—provided always the sputum is from the lungs and not the upper air-passages—there is no pulmonary tuberculosis, or there are at least no softening foci discharging into the bronchi.

3. The more abundant the bacilli in the sputum, the graver the prognosis.

4. If during the observation of a case extending over a sufficiently long time, the bacilli in the expectoration become sparser and sparser, we may infer at least a cessation of the softening process.

DR. PAUL GUTTMANN has recently (*Deut. med. Wochenschr.*, May 23d) found the *bacillus tuberculosis* in two cases of tubercular ulcer of the soft palate. This rare affection, including tuberculosis of adjacent parts, hard palate, root of the tongue, and pharynx—collectively known as pharyngeal tuberculosis—occurs, in his experience, in about one per cent. of cases of phthisis. Beginning in characteristic pin-head sized miliary tubercles, these quickly caseate in from two to three weeks, and the confluent tubercles break down into tubercular lintel-sized ulcers, which again unite to form somewhat larger ulcers.

The bacilli were found in enormous numbers in the secretion scraped from the surface of the ulcers and treated in the usual manner—in the one instance before the patient's death, and in the second, afterwards. In the latter they were also found in thin sections through the soft palate, but they were not numerous.

Since tuberculosis of the soft palate is always secondary, and only occurs late in phthisis, Guttman is inclined to believe it is the result of inoculation by the bacilli in the expectorated phthisical sputa adhering to the soft parts. Such adhesion and inoculation are of course facilitated by excoriation of the epithelium.

THE ACTION OF REMEDIES ON THE CEREBRAL CORTEX.

ALBERTONI, in vol. 15 of the *Archiv für experimentelle Pathologie und Pharmacologie*, has published the results of a research on the action of medicaments affecting the cortical centres. He has pursued a novel method. Referring to the experiments of Hitzig and Fritzsche, of Ferrier, of Nothnagel, and others, who had by electrical excitation mapped out certain motor areas in the cerebral cortex, Albertoni proposed to himself to utilize this method for ascertaining the effects of remedies on the cerebrum. It has been ascertained that on feeble electrical excitation of certain convolutions, muscular movements follow, and that more decided

stimulation will induce attacks of a distinctly epileptiform character. Hughlings Jackson had previously shown that irritation of the cortex by a "coarse lesion" caused epileptic seizures. Albertoni proposed to excite, in a similar way, epileptic attacks in animals, and ascertain the effects of remedies in preventing them, or diminishing their violence, if any drugs possess such powers. The research was carried on in Schmiedeberg's laboratory, at Strasbourg, and was limited to bromide of potassium, atropine, and cinchonidine.

The general belief in the value of the bromides as remedies for epileptic and epileptiform seizures is confirmed by Albertoni's experiments. He found that bromide of potassium possesses in a marked degree the power to allay the excitability of the brain, and this effect is the more conspicuous the longer the remedy has been administered and the more decidedly the system is affected by it. Indeed, a condition of the brain is ultimately attained in which no amount of electrical excitation will induce convulsions.

As might have been *a priori* expected, atropine did not exhibit similar properties. It seems to increase rather than lessen the excitability of the cerebrum. It had no power to affect the results of electrical excitation, and did not lessen the action of the weakest current sufficient to induce movements. This result also corresponds to the clinical experience of the medical profession—for belladonna has not proved useful in epilepsy; notwithstanding, Trousseau rated it comparatively high in the days before the bromides were introduced.

ACETONURIA AND DIACETURIA.

RECENT studies have contributed considerably to our knowledge of these processes, which were formerly considered to be peculiar to diabetes, and to cause the so-called diabetic coma. Thus, in a late paper (*Deut. med. Woch.*, May 23d) JACKSCH asserts that the phenomena of diabetic coma, so-called, occur also in carcinoma and the infectious diseases, and are attended by the presence of acetic acid in the blood. Whence the condition of the urine is termed *diaceturia*, in contrast to *acetonuria* a much less dangerous condition which constantly attends high grades of continuous fever. Naturally, also, the term *coma diaceticum* is preferred for the more serious condition to the older *coma diabeticum*.

Jacksch adopts the view of Frerichs, that the state of the blood is due to a zymotic process, the exact nature of which is as yet unknown.

KISSING—A DANGER.

AT first sight, it might be doubted whether this subject belongs to a medical journal. It needs no science to practise it, to enjoy it, or to be annoyed

by it. It might well be ignored by us, were it not that there is *danger* in it.

The annoyance to children of being urged, and often even compelled, to kiss visitors and strangers is bad enough, but there is also a serious danger in the habit, since it is not a very infrequent source of most loathsome contagion.

One of the commonest secondary results of syphilis is mucous patches in the mouth. Glass-blowers, who pass the glass from mouth to mouth at their trade, frequently suffer from syphilis caught in this way. One of the most terrible cases ever published occurred in this city some years ago, in which over one hundred persons were infected with syphilis by an itinerant tattooer, who moistened his India-ink with his saliva.

Syphilitics who have mucous patches invariably should be warned against kissing others, and especially any member of their families, lest they infect them. Children should not be allowed to put into their mouths toys vended on the streets, and constantly used by the vender and other persons. The danger of infection from using tincups or tumblers in public places is also a real one, though much less so than those above alluded to, since the virus is apt to be washed away. But such cups should always be carefully rinsed before being used.

The same danger exists in diphtheria, and in all cases of this disease the members of the family should not kiss the patient. Neglect of this rule claimed in the late Princess Alice a conspicuous victim, mourned by two kingdoms.

WE note that the itinerant Hale, to whose career in Wheeling, W. Va., we alluded in a recent issue, has been arrested in Toledo, O., on a charge of circulating obscene literature, which appeared in the journal *Health and Home*. He is to be promptly tried, and it is hoped he will be summarily and severely punished. His offences are practically of the same character as those charged against the abortionist Hathaway, who could never have plied his revolting trade in Philadelphia, had there been in Pennsylvania such a registration law as exists in Illinois and West Virginia, and has recently been enacted in the State of Wisconsin.

SOCIETY PROCEEDINGS.

AMERICAN NEUROLOGICAL ASSOCIATION.

Ninth Annual Meeting, held in New York, June 21, 22, and 23, 1883.

(Specially reported for THE MEDICAL NEWS.)

THE ninth annual meeting of the American Neurological Association was held in New York, in the Hall of the Academy of Medicine, on the 20th, 21st, and 22d of June. Sessions were held, on the afternoon and evening of the 20th and 22d, and on the afternoon

of the 21st, the evening of that day being set apart to a dinner, given by Dr. Amidon, of New York, to the President, Dr. Edes, and to a reception to the members of the Association by Dr. Morton, at his residence.

WEDNESDAY, JUNE 20TH, FIRST DAY.
AFTERNOON SESSION.

ADDRESS OF THE RETIRING PRESIDENT.

DR. WILLIAM A. HAMMOND, the retiring *President*, in calling the Association to order, referred to the fact that many of the papers read before the Association last year had been reprinted in Europe, and some of them, either in whole or in part, in most of the languages of Europe. He said that great interest was being manifested in neurological medicine in this country, although not so much, perhaps, as the subject merits. He was somewhat at a loss to know why it was that certain other societies devoted to special branches of medicine were largely attended, while this body, working in a field of greater importance than all the others combined, had comparatively small attendance, unless it were that perhaps every one regards himself as something of a neurologist, and that the limits of the subject were not so well defined as the others mentioned. He then introduced the incoming President, Dr. Edes, of Boston.

THE PRESIDENT, DR. ROBERT T. EDES, then delivered

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in which he briefly reviewed the progress of neurology during the past year, referring particularly to the better knowledge of analysis as the means of locating disease; much, however, being lacking in essential knowledge of disease, a great deal of so-called knowledge of neurology is merely speculative, and especially with reference to the beginning of nervous diseases.

THE PRESIDENT then read a note from Dr. Seguin, of New York, now in Europe, explaining his absence and expressing his interest in the work of the Association.

The minutes of the Association's proceedings of last year being already in printed form and in the hands of the members, their reading was dispensed with.

ELECTION OF MEMBERS.

Upon the favorable report of the Council the following candidates for membership were elected by ballot: Leonard E. Weber, M.D., of New York; G. L. Walton, M.D., of Boston; J. T. Eskridge, M.D., of Philadelphia.

In the absence of Dr. Seguin, Dr. Amidon was elected Secretary *pro tem*.

The report of the Secretary and Treasurer was read and accepted.

NOMINATIONS FOR MEMBERSHIP.

The following were nominated for membership: R. L. Parsons, M.D., of New York; and Charles F. Folsom, M.D., of Boston.

The following were then elected

OFFICERS FOR THE ENSUING YEAR:

President.—Dr. Isaac Ott, of Easton, Pa.

Vice-President.—Dr. W. R. Birdsall, of New York.

Secretary and Treasurer.—Dr. R. W. Amidon, of New York.

Councillors.—Drs. V. P. Gibney, and W. J. Morton, of New York.

The Secretary was directed to acknowledge with thanks the receipt of a letter and important papers from Dr. W. Becherew, of St. Petersburg.

The President was directed to appoint a committee to draft and present on behalf of the Association a letter of respect to the memory of the late Dr. Beard.

DR. MORTON, of New York, presented

A CONTRIBUTION TO TRAUMATIC NEURITIS, ILLUSTRATED BY A CASE FOLLOWING DISLOCATION OF THE HUMERUS.

The patient, who came into Dr. Morton's hands in February, 1882, after discharge from the hospital, was presented to the Association by Dr. Morton, and was examined with great interest. The case presented the following features of interest:

1. Danger of injury to the great nerve trunks by dislocation or reduction of dislocation.
2. An instance of ascending neuritis.
3. Presenting in association with neuritis, the rare symptoms of fibrous hyperplasia and neuro-muscular hyper-excitability.

The condition of the patient at date of first examination was as follows: Hand much enlarged, stiff, brawny, and club-like; arm wasted; skin glazed and waxen-like and flaccid; color, mottled purplish-red; arm flabby on palpation, resembling tissues subject to persistent chronic inflammation. Hand continuously cold; joints painful; nails curved, club-shaped, and exhibiting very rapid growth; absence of hairs on the hand.

Dr. Morton gave a detailed statement of the motor and sensory symptoms before and during treatment, and the electrical reactions in both arms to the faradic and galvanic currents; and traced with great minuteness the transfer of motor and sensory changes to the opposite member.

The treatment was by electricity, and severe blistering over the track of the brachial plexus, hot and cold douches, and cod-liver oil. Improvement under treatment had been marked.

The paper cites cases by surgical authors in comparison, and concludes that it is probable that efforts at reduction in difficult cases of dislocation of the head of the humerus into the axilla and the like, have more frequently produced the nerve lesion than the original accident.

Another interesting feature noted in the paper was that the left arm had become affected by an injury originally inflicted upon the axillary plexus, thus demonstrating the ascending nature of the neuritis.

The value of electrical examinations for diagnosis was here clearly shown; since without these examinations the evidence of transfer of trouble to the cord and opposite spinal nerves would have been impossible until much later.

In regard to the fibrous hyperplasia, the reader pointed out that while atrophy of the connective tissue in conjunction with other tissues was common, hypertrophy on the other hand was very rare. In the present instance, the hypertrophies resembled a number of small fibrous tumors situated on the palmar aspects of the phalanges. He had found but one similar case on record, and that by Weir Mitchell.

The condition of neuro-muscular hyper-excitability was tested by various members of the Association. Simple mechanical excitability is sometimes observed following spinal lesions; but in this case the phenomenon is more complicated since, when the muscle is once stimulated so that it contracts, the contraction remains relatively permanent and constitutes therefore a veritable *contracture*. This fact of contracture excited by irritation of motor points now existed in the left as well as in the right (originally injured) side. Would we find an exact parallel to the condition here observed, we must turn to Charcot's description of the condition discovered by him to exist during the lethargic stage of hypnotism and designated by him neuro-muscular hyper-excitability, a term adopted by the writer to indicate the similar phenomenon now, as far as he knew, observed for the first time in traumatism of peripheral nerves. The contracture present was

due, not as commonly supposed to the degeneration of the muscle itself, but to the exalted activity of the spinal centre and a consequent reflex. Based on this theory, the pathogeny of the case was clear, viz., an ascending neuritis, a modification of the activity of the spinal nervous centre, and hence, neuro-muscular hyper-excitability in both arms.

The appearance of hand and arm at the beginning and during early treatment, was well exhibited by several photographs taken by the author.

Dr. Morton observed in conclusion that it is apparently clearly demonstrated by this case, that the condition of neuro-muscular hyper-excitability is not alone found in the hypnotism of the hysterical, but may exist in ascending neuritis which has reached the spinal centres.

DR. PUTNAM, of Boston, said that the etiology of this case was one that he had observed several times, and certainly was of considerable practical importance, but that even without dislocation, the condition of Dr. Morton's patient might be brought about. He had known two or three cases where the arm was either severely wrenched or thrown into a condition of strong and sudden extension, where the brachial plexus seemed pretty thoroughly disorganized. He had been in the habit of supposing that nerves stood a sudden strain very much less well than a prolonged strain, and that the very moderate degree of stretching which the nerves of the brachial plexus get in hyperextension of the arm, or the strain which some of the nerves of the sacral plexus are subjected to in sudden bending of the body or sudden replacing after bending, may cause them to suffer very severely.

As to the question of neuro-muscular hyper-excitability in the case of this patient, Dr. Putnam thought it opened up one of the very best fields for discussion. In this examination of the patient undoubtedly obtained very exalted reflex responses, which are practically analogous with the neuro-muscular hyper-excitability of Charcot. The case had been given by Dr. Morton without doubt the only explanation that would cover it.

DR. V. P. GIBNEY, of New York, asked if the hyper-excitability was accounted for in this case in the same way as in compression myelitis, or was it explained by the excitability in the nervous centres in the spinal cord, or both.

DR. CHAS. K. MILLS, of Phila., thought that both explanations might apply. There exists an exalted reflex action where there is an irritated or an excited condition of the gray spinal reflex centres of the cord, and on the other hand the same condition exists where the cerebral inhibitory apparatus is cut off. From the nature of the case both causes are at work.

DR. WILLIAM A. HAMMOND said as to the treatment, that he thought one of the prime elements in the method of effecting cure of neuritis is to insure, as far as possible, absolute quietness to the nerve. In other tissues rest is one of the most essential elements in the cure. To an inflamed retina, for instance, much light is prejudicial. It had been his opinion for several years that the natural stimulus of the nerve is one of the excitants of the inflammation, and tends to keep it up, and that the transmission of it tends to aggravate the inflammation and retard the cure. It was on this account that he had for many years insisted upon absolute rest in the treatment of these cases, and in several instances employed stretching of the nerve.

DR. PUTNAM favored the use of ice continuously, day and night, for several days together, or at any rate for a great many hours together, as of the greatest possible advantage, care being taken to interpose several thicknesses of flannel, to prevent the cold causing irritation.

Dr. C. L. DANA, of New York, read some
NOTES ON THE USE OF HYDROBROMIC ACID IN NERVOUS
AFFECTIONS.

Dr. Dana recited the first employment of hydrobromic acid, in 1875, by Dr. Wade, and since then by other physicians, and the experiments of Dr. Reichert upon the lower animals. It was found to depress the reflex functions of the spinal cord; but its effects upon the brain were not observed. Descriptions of the drug are not to be found in most of the therapeutical textbooks, and one author, as late as 1882, states that its real value has not been determined.

It has been used by the profession chiefly with quinine, with a view to lessen cinchonism.

Dr. Dana was led to experiment with this drug in the hope that it would have the beneficial effects of the alkaline bromides in epilepsy, without causing depression and scurvy.

Pure hydrobromic acid contains in 100 parts by weight 99 parts of bromine. One drachm of the pure acid is equal in bromine amount to about 90 grs. bromide of potassium, 75 grs. bromide of sodium, 66 grs. bromide of lithium, 73 grains bromide of calcium, 71 grs. bromide of ammonium. This drug therefore contains more bromine proportionately than any other of the bromine compounds, and is united with an innocuous metal. The average dose of the pure acid, assuming the medicinal and chemical equivalents to be the same, would be 10 to 20 drops.

Dr. Dana has used this drug in a very large number of cases, chiefly epilepsy, alcoholism, congestive headache, malarial headache, spermatorrhœa, vertigo, general nerve-weakness, various forms of neurasthenia, chorea, insomnia, hysteria, post-hemiplegic cerebral (vascular) disturbances, melancholia, etc.

Several cases of epilepsy in which the drug was used are set forth, among them an epileptic youth of 20, who had previously had various treatment since his ninth year; he was having attacks daily, and sometimes several in the day. Under the hydrobromic acid he often went one, two, and three weeks without any fit. The acid was given for six or seven months, in doses of ʒiv to ʒv daily. After a time it began to lose its hold. In three other cases, of milder type, the use of the drug stopped the fits as long as the patients were under Dr. Dana's care. In two other very obstinate cases, suffering both from *grand* and *petit mal*, there was no great benefit; one of the two latter, when put upon very large doses of bromide of soda, did better than upon the acid.

Dr. Dana concludes that, in epilepsy, hydrobromic acid cannot be used as a substitute for the bromides, except in the more controllable cases; yet that it undoubtedly has a controlling influence over the disease; and he does not feel certain that, if given in equivalently large doses, it might not be as efficient as the alkaline salts.

Hydrobromic acid is a good solvent for quinine, but does not prevent cinchonism, according to Dr. Dana's experience.

The best results from the use of the acid were in conditions of nervous irritability, congestive headaches, post-hemiplegic circulatory disturbances, irritable heart, and where a general nervous and vascular sedative is indicated.

Satisfactory sedative results are obtained from two-drachm, or even one-drachm, doses of the officinal dilute solution (ten per cent.). It is agreeable, non-irritating, and will cause no eruption or other symptoms of bromism.

Dr. HAMMOND said he could not conceive that hydrobromic acid has any advantage over any one of the haloid or alkaline salts, or that it could act as a

substitute. Its influence was much less efficient for the prevention of cinchonism than a small dose of bromide of sodium, combined with a dose of sulphate of quinine, although he was satisfied it had the effect of preventing cinchonism.

Dr. J. J. PUTNAM, of Boston, read a paper upon

LEAD-POISONING SIMULATING OTHER FORMS OF DISEASE, AND ON THE DANGER OF MISTAKING BISMUTH FOR LEAD IN THE ANALYSIS OF THE URINE.

He stated that it was not his purpose to attempt an exhaustive description of the various obscure symptoms to which lead-poisoning may give rise.

They are certainly very numerous, and we are probably as yet quite ignorant as to how varied they may be in character. The main point was to urge careful routine examination of the urine in obscure cases. The instances which had come to his own notice, though not many in number, yet formed a considerable proportion of the cases, not clinically characteristic of lead-poisoning, in which he had had the urine examined.

The first case had presented a history of extreme anæmia with gradual failure of all the vital functions, and slowly progressive paraplegia.

The patient was a woman, 55 years of age. The whole course was about two years. The first symptoms were "numbness" and pricking of all four extremities, anæmia, and debility. This was followed by very slowly progressive paraplegia of the lower extremities, without localizing symptoms, and apparently of anæmic origin, with which she eventually died. A considerable quantity of lead was found in the urine, and no other cause could be discovered for the symptoms.

The second case was one of diffused interstitial myelitis of moderate intensity, with eventual improvement. The diagnosis was rendered somewhat doubtful by the fact that the patient had taken a small quantity of bismuth four weeks previously.

The third case (which had occurred in the hospital practice of Dr. F. Minot, of Boston) was one resembling the transient form of poliomyelitis anterior. Under the use of iodide of potassium the patient had greatly improved at the end of six weeks.

The fourth case was one with vague cerebral symptoms such as are seen in some forms of dyspepsia, lithæmia, and chronic nephritis. There was much improvement under the use of iodide of potassium.

In none of these cases were any of the distinctive marks of lead poisoning present.

Two other less obscure cases were reported, and two cases previously published by Dr. F. Minot and Dr. S. G. Webber were referred to, in both of which symptoms of latent sclerosis had been present.

Dr. Putnam then spoke of the important fact, first called to his notice by Prof. E. S. Wood, under whom the chemical work of the investigation had been done, that bismuth in the urine would be readily mistaken for lead, and said that he had undertaken experiments on this point.

He had himself taken from thirty to forty-five grains of bismuth daily for two weeks (the urine having been previously tested and found free from lead or bismuth), and had found that traces of bismuth were still to be detected in the urine, by the usual lead tests, as late as four weeks afterwards.

In testing for lead this possible cause of error should be borne in mind; and also the facts that before the examination for either lead or bismuth iodide of potassium should always be given for two or three days, and a large quantity of urine collected.

Discussion upon Dr. Putnam's paper was postponed, the hour being late.

Dr. Putnam exhibited *A Urinal*, to be used by females who are obliged to keep to a chair and are unable to leave the chair without difficulty.

EVENING SESSION.

DR. J. T. ESKRIDGE, of Philadelphia, gave a detailed account of the history of a man suffering from

GENERAL NEURALGIA.

The case was peculiarly interesting on account of the great difficulty in diagnosis.

The patient, about thirty years old, presented a nervous, irritable appearance. His father had died of some supposed inflammatory spinal trouble; mother still living, but suffering from pain in the abdomen. He had never contracted any venereal disease, and his three children seemed to be well developed and healthy.

In April, 1881, after sleeping in a damp bed one night, he was attacked with severe pain in the lumbar region of his spine. The spinal trouble lasted two months, but during the second month it was complicated by a painful condition of the left sciatic nerve. The pain in the leg could be relieved by firm pressure over the great sciatic nerve as it emerges from the pelvis. Throughout the attack he has been able to continue his work as moulder in an iron foundry, although it was done at the expense of great pain in the spine and affected nerve. In the following October, after having been confined in a hospital several weeks from a traumatic affection of the left ankle, he was again seized for one month by a return of the pain in the cord, and in all of the nerves of the left leg. During the next ten months he suffered more or less, but was able to work. In October, 1882, he remained five weeks in a hospital, suffering from another attack of pain, the lumbar region of the spine and the nerves of the left leg only being affected.

Jan. 15, 1883, he first came under Dr. Eskridge's care in the medical wards of St. Mary's Hospital. At that time he was scarcely able to walk, complained of great pain in the back and left leg, sleep was broken, appetite capricious, and bowels constipated; temperature 100°, pulse 92, respiration 24. The spine was very tender on pressure in the dorsal and lumbar regions. All the superficial nerves of the left leg, thigh, and gluteal region were the seats of neuralgic pain. The nerves of the affected region were sensitive to light pressure.

The treatment consisted of rest in bed, blisters, and other counter-irritants over the affected nerves and lower portion of the spinal cord, counter-extension and extension of the left leg by means of pulley and weights, deep injections of morphia and atropia; and internally of ergot, bromides, strychnia, and many other agents used in neuralgia and rheumatism. Chloroform injections increased his suffering. Anti-syphilitic treatment was faithfully employed, but this gave no relief. Nerve stretching was resorted to in March, but only to increase his suffering.

In April, about one month after all active treatment had been abandoned, he began to improve under a mild faradic current.

April 11.—Electro-muscular contractility was well preserved, and about equal on both sides of the body. Electro-sensibility was increased in the left leg and in both arms. Tactile sensibility was decreased and surface temperature lessened over the entire neuralgic areas.

May 22.—Tactile sensibility and surface temperature were nearly equal on both sides of the body.

June 4.—It was noted that electro-sensibility was greater in the right leg than in the left. In the right leg, the faradic current, passing through the electric brush, was felt with a half inch of secondary coil, and

in the left it was not observed until one inch of the secondary coil was used. Good faradic contractility was found in the muscles of both legs. On using the galvanic current, no reactions of degeneration were detected. The patellar, cremaster, and iritic reflexes, when investigated, were always found to be normal.

At present, the patient is steadily improving: he has gained in flesh and strength, and is able to do light work and walk comparatively long distances without suffering much pain, except in the coccyx and left popliteal space. The spine is entirely painless, both to pressure and the passage of a comparatively strong faradic current, nothing being done in the way of treatment, besides occasional applications, electricity alternating between the faradic and galvanic currents. During the last week, pustular eruptions have taken place over the superficial nerves of both arms and portions of the chest.

In conclusion, Dr. Eskridge considered the subject of diagnosis, and said: The trouble having commenced in the lumbar region of the cord, after the man had slept, one night, in a damp bed; its spreading to the sciatic nerve; the extension of pain up and involving the greater portion of the spinal cord and all the nerves of the brachial plexus, when taken in connection with the patient's deplorable condition at one time, and with the fact that the part first attacked, the lumbar portion of the cord, was, until a few weeks ago, the seat of great and constant pain, and very sensitive to pressure and the passage of mild faradic current, suggest the inquiry—Has not the case been one of general neuritis following inflammatory trouble of the cord or its membranes, and improved? In favor of general neuralgia he stated:

1. That we have a disease that has extended over a period of more than two years, made up of attacks of pain lasting from two to six months, in a man whose condition and general appearance to-day seem to be as good as they were after the first attack in the year 1881.

2. That several times, by firm pressure over the great sciatic nerve as it emerges from the pelvis, he had succeeded in relieving pain in the left foot and leg.

3. That in inflammatory conditions of the cord of so long duration, reactions of degeneration and other atrophic disorders would probably be found, and improvement, if it should occur, would be slower and less complete than it had been in the case which he had described.

4. That the left leg and right fifth cranial nerve were severely affected, while the left side of the face entirely, and the right leg almost entirely, escaped.

5. That pain was often shooting or stabbing in character, differing from the dull ache of neuritis.

He asked: Could not the case have had a syphilitic origin, and the inflammatory exudation have disappeared, leaving the man in his present condition?

Against this view he thought certain facts militated. When the patient first came under his care he was promptly put upon anti-syphilitic treatment, and notwithstanding the treatment was continued for a number of weeks, he grew worse, instead of better. The patient did not begin to improve until after that plan of treatment had been abandoned more than a month. Further, no anæsthetic zones or areas, such as had been pointed out as occurring in cases of syphilitic neuritis, were observed at any time.

DR. CHARLES K. MILLS, of Philadelphia, then read a paper on

LOCOMOTOR ATAXIA TERMINATING AS GENERAL PARALYSIS OF THE INSANE.

He said that the relation between locomotor ataxia and general paralysis of the insane had been a problem

of interest to neurologists and alienists since the investigations of Westphal, in 1863.

He related the following case: P., æt. 47, at the time of coming under observation, was a man of good constitution, noted for his strength and endurance, but for three years he had not been well, during most of which period he had been treated by different physicians for rheumatism. He was addicted to venereal excesses, and used and occasionally abused alcohol. Many years before he had had a chancre, but had not subsequently had any of the ordinary evidences of secondary or tertiary syphilis. He had first suffered from darting or shooting pains in his feet and legs, soon he experienced sensations of numbness and tingling in his feet, and later in the little and ring fingers of the left hand. For a short time he was troubled with double vision, and his sight had diminished a little in acuteness.

The results of an examination made during the first week he was under observation, were as follows: No paralysis was made out; galvanic and faradic irritability were well preserved. He could not walk well after dark. He swayed and tottered on trying to stand with his heels together or with his eyes shut; and he could barely manage to stagger a few steps with his eyes closed. Paroxysms of sharp, sudden pains in the limbs were more frequent. He was awkward with his hands in dressing.

A peculiar sense of constriction on drawing in the lower part of the abdomen, had annoyed him for several months. Sexual desire had diminished. He had no delusions, and was fully able to attend to his business, which required a large amount of physical and mental exertion.

Under the use of nitrate of silver, galvanization of the spine, and faradization of the extremities, continued for several months, he improved remarkably; but after remaining better for a few months he again relapsed, and now he got steadily worse. Occasionally, however, he would temporarily improve. The anæsthesia of his feet and hands deepened; the straggling gait returned and grew worse; every two or three weeks he would have frightful attacks of lancinating pains.

Decided mental symptoms first began to make their appearance two years after first coming under treatment. He spent his money very freely upon others as well as upon himself. His ideas became queer and lofty; but the delirium of grandeur did not develop thoroughly until nearly a year later, when he began to talk and act in the most preposterous manner. About the same time, a peculiar stagger in his speech, a slight twisting of the mouth to one side, and some tremor of the tongue and lips, became noticeable when he talked.

Nearly three years after the notes first made, and almost six years after the development of ataxia pains, he was sent to the Insane Department of the Pennsylvania Hospital where Dr. Mills occasionally visited him. His delusions became of the wildest character; and he became irritable and hard to manage. Anæsthesia, tremor of tongue, etc., increased. On two occasions he had slight apoplectic attacks, once accompanied by a slight spasm.

Later he was removed to the State Hospital for the Insane, at Danville, Pennsylvania, where he remained until his death, which occurred five years and four months after first coming under the care of Dr. Mills, and about eight years after he was first affected with ataxia pains.

A post-mortem examination of the brain and spinal cord was made. The pia-mater over both cerebral hemispheres, particularly in the postero-frontal and parieto-temporal regions, was opaque, congested and adherent at points; decortication being marked, con-

vulsions were atrophied. The pia-mater of the cerebellum, especially over the superior vermiciform process, was deeply congested and adherent. The pia-mater of the spinal cord was thickened; and the cord presented an irregularly shrunken appearance. Microscopical examination showed marked sclerosis of the posterior columns of the spinal cord throughout its whole extent, and that inflammation and thickening of the pia-mater were also present everywhere. The sclerosis was most pronounced in the lumbar region, decreasing in intensity as the cord was ascended; but it was well-marked throughout, both in the columns of Goll and in the posterior root zones. The medulla oblongata on one side was much sclerosed, and slightly so on the other side. Sclerosis was also present in the pons, crura, optic thalami, and convolutions examined, and in the cerebellum.

The pathological appearances shown by the microscope corresponded closely to those mentioned by Westphal. The posterior as occurring in the spinal cord in dementia paralytica. According to him, the posterior columns show few or no sections of nerve fibres, and their place is taken by a connective-tissue substance. In the cervical region Gall's cuneiform columns are especially affected; in the dorsal and lumbar regions, however, the entire area of the posterior columns is involved. In fresh preparations numerous granular fat-cells and corpora amylacea are found.

In this case the spinal symptoms were the first to appear. Three years before coming under the care of Dr. Mills, he began to suffer with the lancinating pains of posterior sclerosis. Although, when first seen by him, and until he improved under treatment, he suffered at times from mental anxiety and sleeplessness, apparently the result of the pain and other distressing symptoms of the ataxia; no typical mental symptoms appeared until more than two years after coming under Dr. Mills' care, and more than five years after the appearance of the first symptoms of spinal trouble.

Dr. Mills referred to the views of various authorities with reference to the relation of locomotor ataxia and general paralysis of insane. According to Westphal, with whom Hammond agrees, no direct relation exists between the morbid process in the cord in posterior spinal sclerosis, and that in the brain in general paralysis of the insane. According to these authorities, neither disease is secondary to the other. They simply coexist as the expression of an excessive proclivity to disease of the nervous system, just as any other two diseases may be present, one in the brain and the other in the cord, without there being any direct interdependence between them. Locomotor ataxia is by no means uncommon in patients affected with the other forms of insanity. Hamilton (*Medical Record*, July 29, 1876) discusses the relation of these two affections. Leidesdorf has related one case in which general paralysis was preceded by spinal symptoms. Maudsley speaks of other cases. Calmiel says that in many cases the changes proceed from the cord upwards, and Baillarger endorses his views. Charcot has proved very conclusively that disseminated sclerosis can exhibit all the symptoms of general paralysis of the insane. Cases reported by Obersteiner, Hamilton, Plaxson, Mickle, and others were also referred to by Dr. Mills. He dwelt in conclusion upon the importance of the occurrence of thickening of the pia mater and other evidences of a condition of chronic inflammation of this membrane.

DR. G. M. HAMMOND inquired if there were any patellar tendon reflex symptoms, and Dr. Mills answered there was diminution.

DR. SHAW said he had seen one case of locomotor ataxia followed by general paralysis, but there was no

extravagance, it being of a dementia type. The patient died in epileptic convulsions.

DR. BIRDSALL, of New York, had examined post-mortem the case mentioned by Dr. Shaw, and referred to one or two interesting points in the condition of the cord. It presented, throughout its length upward from the lowest part of the lumbar enlargement, the appearance of an ordinary sclerosis of the posterior columns, in which the columns of Goll were more prominently shown in the upper portions, and the columns of Burdach and Goll in the lower portions. In addition to this there was, particularly in the posterior half of the transverse section of the cord, a peripheral sclerosis, or cortical sclerosis as it might be termed, which Dr. Birdsall thought was secondary to a slight meningitis, and, as he imagined, was a condition which existed in the case described in Dr. Mills' paper.

DR. MILLS, in reply to an inquiry, replied that aside from a sclerosis extending to a slight depth into the cord, meningitis did exist in the case described by him, and he considered it a very important point in connection with that and similar cases.

DR. WEBBER, of Boston, mentioned two or three cases; one, that of a prominent merchant, going to show the characteristic lancinating pains. These pains began in his forty-fifth year, and lasted five years; and then a second five years also associated with complete paralysis of the bladder, accompanied with most exquisite suffering. From the tenth year of the locomotor ataxia, Dr. Webber became acquainted with the patient and noticed then complete absence of the tendon reflex and cremaster, and the posterior sclerosis advanced in spite of all that could be done. In this case syphilis could be excluded. The patient finally showed all the symptoms of *dementia paralytica*, and died completely demented.

THE DISCUSSION OF DR. PUTNAM'S PAPER,

read at the afternoon session, was then taken up.

DR. WEBBER said that we have not got to the bottom of the influences which lead may have upon the nervous system. In connection with the various pricking and numb sensations and the parasthesia, etc., mentioned by Dr. Putnam, he said he had noticed, in nearly all cases of lead paralysis or lead poisoning affecting the spinal cord, coming under his observation, that the patients had various disturbances of sensation, but sometimes so slight and apparently insignificant, that patients paid very little attention to them, and had to be cross-examined in regard to them, and sometimes return to the subject repeatedly in order to ascertain whether these disturbances did not actually exist. Dr. Putnam had pointed out in his paper, one source of error in tests of the urine for lead, and Dr. Webber adduced another, viz., if the water is allowed to stand and decompose, becoming partially alkaline, a chemical reaction takes place between the alkaline liquid and the glass, and lead is precipitated from the glass.

DR. MILLS thought a sufficiently comprehensive view was not taken of the nature of cases of this kind. Every one in this branch of medicine had seen cases of metallic poisoning result in paralysis, and also diphtheritic affections. Just as had been pointed out by Dr. Putnam, while we are likely to have a typical form of the disease, we are likely to get affections of all sorts, cerebral, spinal, and so on. He had seen not only bilateral paralysis of the extensors in lead paralysis, but also some forms of tremor. He had seen within two days a well-marked case of lead poisoning, with weakness of all the limbs and tremor. It had been suggested that these poisons were protoplasmic poisons, and he thought there was a great deal in it.

DR. PUTNAM closed the discussion by insisting upon systematic examination of the urine in these cases to

see whether lead could be found, even when there is no reason to suspect it from the general symptoms. He also urged the importance of carefully excluding the possibility of indications of lead from the presence in the system of bismuth, which should not have been taken for a considerable time.

THURSDAY, JUNE 21ST, SECOND DAY.

AFTERNOON SESSION.

DR. W. J. MORTON, *Vice-President*, in the Chair.

Upon the favorable report of the Council, Dr. R. L. Parsons, of Sing Sing, was unanimously elected by ballot to membership.

THE PRESIDENT, DR. ROBERT T. EDES, of Boston, then presented a paper on

THE EXCRETION OF PHOSPHITES AND PHOSPHORUS AS CONNECTED WITH MENTAL LABOR.

The paper consisted in a brief record of some experiments made upon himself to test the alleged increase in the excretion of phosphoric acid after mental labor. They were made chiefly in the afternoon as being the time during which it was easiest to secure tolerable uniformity in the other conditions.

In one set the time was partly occupied by a lecture or some similar exercise, and in the other passed as nearly in a state of mental vacuity as possible. Some of the later experiments, however, embraced a larger number of hours, employed mostly in reading or writing, and also the succeeding night.

The results showed no material difference in the average of phosphoric acid excreted, although the range of variation in individual experiments was considerable.

The average of the work hours was grm. 0.1153 of phosphoric acid per hour, and of the leisure hours grm. 0.1157. The quantity seemed to be more affected by the amount of urinary water than by any other circumstance, but did not follow this exactly. On several occasions the amount of water was considerably diminished during a lecture, and it is possible that this may be due to a temporary congestion of the brain, and consequent anæmia of the kidneys. It might be concluded from these experiments (so far as their limited number would justify any conclusion) that the demonstration of the value of phosphorus as a mental stimulus or tonic must rest rather on a clinical than a chemical basis.

DR. PUTNAM asked how the results corresponded with those found by others in similar investigations.

DR. EDES replied that he had not been able to find any others, except the vague statement made by Dr. Holmes in one or two of his essays, that if a clergyman did his duty on Sunday you could find it out by the amount of phosphorus in his urine on Monday. Dr. Holmes said he could not tell where he got the authority for the statement, but knew he had authority for it; therefore Dr. Edes' conclusion was that there was nothing distinctive about the finding of the phosphorus in urine, so far as he could find.

DR. JEWELL said that while he had not made investigations upon the subject such as those of Dr. Edes, yet looking at the matter in the light of common-sense, he had never been able to see why an organ, small comparatively as the brain should, even in a tolerably protracted mental effort, so extraordinarily increase the excretion of the quantity of phosphates as to make any very great change in the amount found in the urine. It seemed to him a thing entirely unreasonable. He had never found any reason for thinking that any such quantity was thrown off in the waste matters from the brain as to make much difference in the composition of the urine. It would be a surprising thing if

there was any increase in the production of phosphorus in the urine from brain activity, and the thing seemed almost absurd.

DR. WEBBER, of Boston, read a detailed history of several *Cases of Locomotor Ataxia*, which were of especial interest on account of unusual symptoms and also of the marked remissions in their course. As it consisted of a large mass of details, all of which are essential to its interest and value, a suitable abstract of Dr. Webber's paper cannot be presented here.

DR. AMIDON, of New York, presented a case of *Tetanol Pseudo-Paraplegia* occurring in a child, the tetanoid symptoms being preceded by a train of symptoms indicating subacute hydrocephalus. He made the query whether the cerebral trouble could not, by causing descending changes in the cord, account for the tetanoid symptoms, the etiology in most cases being very obscure.

DR. AMIDON also presented two *Anomalous Cases of Parkinson's Disease*, the peculiarity consisting of an entire absence of tremor, every other symptom of paralysis agitans being present.

DR. GIBNEY, of New York, brought before the Association for examination two very interesting *Cases of Progressive Muscular Atrophy*.

DR. W. J. MORTON read a paper on the

TREATMENT OF SCRIVENER'S PALSY,

and exhibited a device in the form of a thimble of metal to cover the entire index-finger, having a longitudinal opening throughout its length, so as to be adjustable to the size of the finger, and having a slide at the tip for holding a stub-pen. The theory of the apparatus is that by enforcing extension and preventing flexion, the apparatus would not only enable the person to write with the affected hand, but by removing the cause of irritation lead to restoration.

FRIDAY, JUNE 22D, THIRD DAY.

AFTERNOON SESSION.

Dr. J. Leonard Corning was nominated for membership, and the nomination was referred to the Council.

The Secretary presented to the Society on behalf of the author the finely illustrated work of Dr. Mason, of Boston, on the *Central Nervous System of Reptiles*.

DR. G. M. HAMMOND presented a patient to the Association, stating that there was no doubt that it was a real

CASE OF LOCOMOTOR ATAXIA WITH RETURN OF THE REFLEX,

which was very apparent in one leg; all his ataxic symptoms had disappeared, except paralysis of the sphincter, he being still unable to wholly hold his water.

To various inquiries Dr. Hammond answered that the treatment in the main had been iodide of potash, and the electric wire broom to the spine; that neither was relied upon mainly, but as taken together. The preparation of iodide of potash was the saturated solution, twenty-five grains three times a day. At first the patient could not see well, he could see partially; at the distance of ten feet he could not see the hands of a large clock; he could not write; there had been slight arm symptoms.

DR. MILES, of Baltimore, read a paper on "*Nutritive Alterations in the Hand, from Pressure of the Head of a Dislocated Humerus in the Axilla*," accompanied by photographs.

DR. BURT G. WILDER of Ithaca, read a paper on

THE BRAIN OF A CAT LACKING THE CALLOSUM.

Although there have been recorded several cases of more or less nearly complete absence of the great

cerebral commissure in human beings, the specimen exhibited (with photographs) seems to be the only case of the kind among the lower mammalia, being the only case occurring in the Anatomical Laboratory of the Cornell University among the several hundred cats' brains there examined. There is not a trace of the callosum, nor of the fornix beyond the dorsal limits of the portæ (foramina Monroi); the præcommissure and mediodorsal commissure are larger than usual. Unfortunately nothing whatever is known of the history or habits of the cat. Now that the unique specimen has been submitted to the Association, Prof. Wilder will feel more free to dissect it.

DR. WILDER also read a paper on

THE ALLEGED HOMOLOGY OF THE CARNIVORAL FISSURA TRUCIATA WITH THE PRIMATIAL FISSURA CENTRALIS.

Referring to the assumption by T. Lauder Brunton (*Brain*, January, 1882) that these fissures "correspond," Prof. Wilder made the following suggestions: 1. Writers should specify whether by "correspondence" they mean *analogy* or *homology*, a relation based upon the position of a fissure, based its location among experimentally determined "motor areas," or a relation implying identity as determined by embryology and comparative anatomy. 2. The present disagreement of competent authorities respecting the homology of these two fissures should restrain both physiologists and zoölogists from assuming the correctness of any particular view; for example, the human centralis has been homologized with not only the cruciata but the superorbitalis, the coronalis, and the ansata together with the coronalis (in connection with which last idea was shown a foetal human brain exhibiting the somewhat rare condition of an interruption of the centralis); the cruciata has been homologized with not only the centralis, but with the first frontal, the calloso-marginalis, and the occipito-parietal. 3. The surest method of determining the true homology seems to be the one which is outlined in Wilder and Gage's *Anatomical Technology*, to make careful and extended comparisons between the brains, especially foetal specimens, of man, monkeys, and the *lemurs* on the one hand, with those of cats, dogs, and *seals* on the other. The lemurs are primates with some characters of the carnivora, while the seals, though carnivora, have the occipital lobe and the postcornu of the procellia (cornu posterius of the ventriculus lateralis).

AFTERNOON SESSION.

DR. W. J. MORTON read a paper entitled

REMARKS ON THE TREATMENT OF MIGRAINE.

After commenting upon the confusion in which the entire subject of the treatment of migraine exists, and enumerating the different remedies empirically employed, Dr. Morton proceeded, upon the basis of familiar facts, to inquire whether the disjointed assaults upon the disease might not be arranged into a systematic method of treatment upon the vaso-motor theory of the disease, and referred to the hypothesis of DuBois Reymond, that the symptoms of migraine or hemicrania may be explained by the existence of a contraction or tetanus of the muscular walls of the bloodvessels of the affected side. Dr. Morton said: In the vaso-motor theory we find a definite working basis for the practical treatment of the disease, in which clinical observation and experimental physiology are singularly in unison. According to this hypothesis vascular dilatation or contraction of the arteries within the cranium, and a corresponding condition externally, plus certain characteristic oculo-pupillary phenomena, form collectively a group of symptoms similar to those produced by irritation or destruction of the ordinarily

accepted vaso-motor mechanism. But whence the origin of the stimulus that awakes the functions, or in other words, the symptoms, is beyond our present knowledge. Whether in the vaso-motor centre itself, or in the local centres of the arteries, contracted or dilated; in the ganglion or tract of the cervical sympathetic; or in some distant sentient surface (reflex action); or whether we have to deal with chemical stimuli (changed quality of blood) acting upon the central vaso-motor centre, we are entirely ignorant. The best evidence points to the cervical sympathetic, or its corresponding spinal centre, as the seat of the disease. And according as one or the other exists, we have the angio-spastic or the angio-paralytic type of the disease. The diagnosis of the type then, and not the simple diagnosis of the disease itself, determines the treatment; often by diametrically opposed measures or remedies.

Having mentioned the general grounds of diagnosis, Dr. Morton stated that out of thirty-five private cases, but six were of the paralytic type, and concludes that it will be generally admitted that the spastic type is by far the more common. The treatment of the angio-spastic type is by bromide of sodium, 60 grs. at the very outset, repeated in an hour and a half if the attack does not cease. This he had seldom known to fail of bringing almost immediate relief, where otherwise the patient would go through the usual course of twenty-four to forty-eight hours of suffering. The patient should then be put upon a course of the same remedy, giving 15 grs. three times a day for from three to six months. Cod-liver oil alternating weekly with maltine, and also a preparation of iron, should be given in conjunction with the bromide of sodium treatment. Dr. Morton said: I know there is a widespread prejudice against the "bromide treatment," owing to its depressant action upon the economy, but I believe that this objection applies only to the potassium salt. In the bromide of sodium treatment, by careful management with tonics, the slight adynamic effects may be counteracted, while, at the same time, those very exalted functions of the tissues which we wish to restrain are held suspended. To the objection often made to the bromide of sodium treatment—viz., that the bromide of sodium reduces the amount of blood in the brain, and should not be used in the treatment of the spastic type where anaemia already exists—I answer that in this type, paradoxical as it may seem, the bromide actually increases the amount of blood in the brain over and above the previously existing ischaemia due to the spasm of the vessels. This it probably does by depressing the excitability of the irritated vasomotor mechanism.

Treatment of the spastic type of migraine by glonoin or by nitrite of amyl seems to have a secure foundation in clinical experience, the glonoin producing the more lasting effects of the two, and being in many instances of remarkable efficacy. Glonoin relieves the angio-spastic form of the disease by its action upon the vaso-motor mechanism. It probably removes irritability of the centres. Both the bromide and the glonoin may be used in the same case, and often with better results than by either alone, the bromine being given before meals and the glonoin after meals.

The angio-paralytic type. The diagnosis being once made, measures to restore the tonus of the relaxed arterial walls are called for, and may be theoretically called into activity by strychnia in increasing doses, until the full physiological effects are produced, and then returning to the original dose and repeating. But the chief remedy indicated in this type is ergot, its action being to produce vaso-motor spasm.

DR. HAMMOND said, in reference to the diagnosis of the two different kinds of migraine, that one important

means is the difference in temperature in the two sides of the face. In the paralytic form, the temperature of the external auditory canal is from a degree to two degrees higher on the affected than the sound side; and in the spastic variety it is as much as that lower than on the sound side. This is a very simple means of determining what kind it is, when sometimes without that it is difficult to determine. Dr. Hammond said he had met with two cases where the patients had suffered from the paralytic variety on one side and the spastic on the other, and failed to cure either of the cases, and he inquired how such a case should be treated. Again, he wondered why Dr. Morton had not laid more stress upon the administration of strychnia in the paralytic variety, which he thought more efficacious than ergot, strychnia in gradually increasing quantities being very valuable.

DR. MILLS said that he had found that it may be possible to have the two varieties, both paralytic and spastic on the same side.

DR. DANA thought it rather strange that a cut-and-dried treatment, based upon the paralytic or spastic condition should be so prominently put forward. In his experience he had not been able to distinguish between the two forms in many cases. As to treatment, he had found the fluid extract of cannabis indica especially effective when the attack was coming on, given in small doses, frequently repeated.

DR. BIRDSALL exhibited statistics collected from various sources, including his own, tending to show the relation of syphilis to locomotor ataxia.

DR. BIRDSALL also exhibited a hand electrode of his own device for getting electrical reactions, and also for therapeutical purposes.

EVENING SESSION.

DR. DANA, of New York, read a

NOTE ON THE TREATMENT OF CHOREA BY THE SEDATIVE GALVANIZATION OF THE BRAIN.

He described the objective and subjective phenomena resulting from galvanization of the brain, referring to the experiments of Loewenfeld and of Legros demonstrating the vascular change produced by this procedure. A review of the work of various experimenters was given. He deemed the therapeutical and physiological effects due in part only to the action upon the vessels, and in part to the change of tissue and irritability and tissue metamorphosis. He advocated the abandonment of the term current direction, and the adoption of the polar nomenclature and method. Nodal galvanization of the brain increased the tone of the bloodvessels, caused diminution of tissue irritability, and was therefore indicated in chronic functional irritative diseases like chorea. He had used nodal galvanization of the brain in eight cases of chorea minor, with a favorable result in each case. One case of long standing had been promptly checked in two weeks. A very violent and obstinate case which had resisted arsenic, rapidly improved under electricity. The average duration of the disease was less than forty days. Galvanization of the brain should be pursued daily for from seven to ten days. The positive pole with a large sponge electrode was placed over the motor centres, the negative pole in the opposite hand. A current of three to six Störhr's cells was used. Arsenic might be given at the same time, especially if the galvanizations could only be given three or four times a week. Confirmatory results by Erb and Berger were referred to.

DR. BURT G. WILDER, of Ithaca, then read a paper on THE REMOVAL AND PRESERVATION OF THE HUMAN BRAIN.

Assuming the great value of an accurate knowledge of

the gross structure of the human brain as a foundation for histological research and for comparative anatomy and psychology, Prof. Wilder urged that in all museums and in the private collections of medical men, and especially teachers, there should be preparations of brains removed without the risk of tearing delicate parts, and perfectly preserved. For the sake of obtaining such brains, no fine labor or expense should be spared, and the other parts of the head should be sacrificed if necessary. Prof. Wilder then proceeded to give an account of the methods of dissection, injection, and hardening now employed in the anatomical laboratory of Cornell University, the primary object of which was to make reliable microscopic preparations of the brain.

PROF. WILDER also read a paper on *Some Points in the Anatomy of the Human Brain*. A large number of preparations and photographs were shown illustrating the various points.

DR. SEGUIN, of New York, who is now in Europe, sent to the Society a paper entitled

NOTES ON SPANISH ASYLUMS FOR THE INSANE.

This paper consists of notes taken during the past winter while visiting the principal accessible Spanish asylums. An account of each institution was given; their statistics are quoted; their methods of treatment detailed, criticised, and suggestions for improvement advanced. According to the statistics collected, there was an apparent increase of insanity in Spain during three years of thirteen per cent. The Spanish alienists gave estimates of the frequency of general paralysis varying from two to twenty-five per cent. As causes of this form of insanity, they enumerate alcoholism, excessive intellection, and syphilis as among the most common.

It was found that, with the exception of half a dozen men, most of those in charge of the insane had but little knowledge of the subject of psychiatry. But few of them could read any language except French and Spanish, and they seemed to have the vaguest knowledge of the wonderful influence of non-restraint and occupation, as practised in the English and Scotch asylums. There is very little clinical instruction in mental diseases, and there is no association of alienists.

The general management of private asylums is very good. The Provincial are all bad; want of grounds, small size, want of rooms or materials for amusement or instruction are marked. There was often an apparent notion that many patients were "utterly demented," unconscious of comforts or discomforts, and indifferent to their surroundings; this idea leading to neglect and cruelty. With the exception of at the Valencia asylum, little and harmless restraint is used. At Valencia, not only were camisoles, ordinary muffs, wristlets, etc., employed, but there was in use an iron belt, made in two segments, connected behind by a hinge, and closing in front by a nut and screw. The belt is five centimetres wide and four millimetres thick, and has a manacle on each side for the wrists which gives the arms only about three inches play. This iron apparatus is not lined or padded in any way, and weighs nine or ten kilos.

In one long, narrow, dismal room there were between thirty and forty women squatting, nearly naked, on straw. Their only clothing was a coarse shift, open in all directions. Over this howling, moaning, singing, and rocking crowd a woman (assisted by a bad-looking man) held sway. The males were equally devoid of comforts and clothing, and this in a climate making winter underclothing and a fall overcoat comfortable to a New Yorker. They appeared to have no occupation, diversion, or amusement.

Whatever their faults as alienists, everywhere the visitor was met by the asylum physicians with the

most extreme courtesy, and the most complete readiness to show everything, good and bad, to the guest.

NEW HAMPSHIRE MEDICAL SOCIETY.

Ninety-third Annual Meeting, held at Concord, January 19 and 20, 1883.

(Specially reported for THE MEDICAL NEWS.)

TUESDAY, JUNE 19TH, FIRST DAY.

THE Society was called to order at 11 o'clock A.M., by the President, DR. A. H. CROSBY, of Concord, and prayer was offered by the Chaplain, Rev. F. D. Ayer, of Concord.

The meeting was large for a State where the profession are so widely separated; as it was found, that out of over two hundred active members, about one hundred and thirty were present.

DR. F. A. STILLINGS, Chairman of the Committee of Arrangements, explained to the members the programme for the day, and invited visiting delegates to the Anniversary Dinner.

The usual committees were announced by the Chair, and various routine business incident to the opening session was transacted.

The committee on the reception of delegates announced through the Chairman, that Vermont, Massachusetts, and Rhode Island were represented, and the delegates from those States were introduced to the Society.

THE REPORT OF THE COUNCIL,

which had met the evening previous, was read by the Secretary, and it appeared that twenty-five new members were recommended for election, and that only four deaths had occurred among the members during the past year.

An application for a district society had been granted. Various questions of Ethics had been disposed of, and the following preamble and resolutions relative to the

LIBRARY AND MUSEUM OF THE SURGEON-GENERAL'S OFFICE

were recommended for adoption by the Society.

Whereas, The medical profession of the United States, as well as of foreign countries, have contributed to the collections known as the Medical Library and Museum of the Surgeon-General's Office, at Washington, D. C., and

Whereas, These collections have become the most complete and valuable of their kind in the world; being of inestimable value to the profession, and of national importance to the public, and

Whereas, We firmly believe, that as citizens, the medical profession of this country have claims upon our government to protect and preserve these records of our self-sacrificing professional labor, and

Whereas, By reason of the building in which these collections are now deposited, being reported by the War Department as insecure, and in constant danger of destruction by fire, from which would ensue irreparable loss; therefore,

Resolved, That in the opinion of the members of the Medical Society of New Hampshire, the great value of these collections demands from Congress such fair consideration of the merits involved as will secure an appropriation of sufficient amount to provide for the construction of a fire-proof building suitable in all its appointments to protect and preserve all books and material now on hand, or that will probably be contributed in the future.

Resolved, That the medical profession of New Hampshire, in common with that of all the other States of the Union, are a unit in their belief that a

library like that of the Surgeon-General's Office, will prove of much benefit to the profession and ultimately to the public, and that having a representation politically in the ranks of the great political parties of the country, this great work is entitled to consideration as much as any subject connected with internal improvements, or the construction of public buildings for the use of courts, customs, or postal facilities.

Resolved, That the President and Secretary of this Society, send a copy of these resolutions to each member of Congress from New Hampshire, also to the Surgeon-General, U. S. A.

The report of the Council was accepted.

At twelve o'clock the PRESIDENT read his

ANNUAL ADDRESS,

of which the following is a brief abstract.

He took for his subject the "Country Practitioner." He compared the country doctor of 50 years ago, who gathered his own herbs and made his own decoctions, with the present physician, who has the assistance of vast laboratories to aid him in his profession. The country doctor believed in the lancet, and in freely bleeding the patient in a variety of conditions. In the city circles this practice has gone into disuse, but bleeding is still occasionally resorted to. His charges have always been low, compared with rates prevailing in the city. In old times he carried on a farm as well as attended to his patients. His chief trouble was in getting established, because the selectmen were liable to warn him out of town if he was poor.

In old times the medicines were few and simple, the common remedies of to-day being almost unknown. One shilling was the fee for an office visit, the most important operation being performed for one dollar. His office was a terror to the uninitiated, but his visits were cheerful to the patient. The speaker gave a cursory glance at the history of medicine in the old world, leading over to the sources of information available to the student in pursuit of knowledge. In surgery the old country doctor was almost as helpless as in medicine.

He complimented the country surgeon on his happy faculty to improvise instruments and appliances to meet emergencies, and instanced many cases in which the carpenter's shop and the tinsmith had assisted the country practitioner to save life and limb.

The address was followed by an *Oration* by DR. GEO. W. HATCH, of Wilton.

DR. F. A. STILLINGS, of Concord, then read a paper on
THE TREATMENT OF INDOLENT ULCERS AND
CARBUNCLE.

In carbuncle it was his practice to make a crucial incision as soon as called for, and with a hypodermic syringe introduce into each angle a few drops of carbolic acid of full strength, which at once produced an anæsthetic effect, allayed pain, and hastened the sloughing necessary to bring about resolution. The treatment recommended for indolent ulcers was painting the edges with a strong solution of nitrate of silver and applying a double roller bandage. The speaker also referred to the manner in which cloth or felt splints could be made at short notice from a solution of gum shellac.

DR. WM. T. SMITH, of Hanover, read an essay upon
COLDS.

He claimed that the subject, though a familiar one, is well worthy of the attention and study of medical men. A cold is essentially a disturbance of the nervous system caused by a lowering of the surface temperature of the body, and usually manifesting itself by a catarrh of the respiratory tract, though it may affect almost any organ or tissue. The writer described briefly the great

historical epidemics of influenza, which are generally supposed to have been caused by a germ in the atmosphere, and raised the question whether the prevalent catarrhs of the past season might not rightly be called influenza, and whether, after making due allowance for exaggeration in the old writers, and the greater severity of many diseases in early periods, these famous epidemics might not themselves be brought into the category of colds due to unsanitary surroundings and atmospheric change. The best treatment for colds is prophylactic. Habits which invigorate the whole system, and especially the skin, which is the point of attack. Daily bathing and friction of the surface is more valuable than any other single measure. The speaker alluded to the nervous shock which some receive when exposed to the cold, and said that any remedial measure that would raise the standard of vital force, and offer more inherent resistance to such shock, would prove of great advantage.

The oration entitled *The Great Work*, by DR. BLAISDELL, of Controcook, was well received, and a paper on *Water Pollution*, by DR. WATSON, Secretary of the State Board of Health, was a *resumé* of the dangers so often met with in all sections of the country, with an abstract of the results of such investigations the Board had made, and closed with an offer to the members of assistance to investigate instances in which there was reason to believe water pollution was a factor in producing the disease, as a series of such investigations would prove of value when properly conducted and tabulated.

DR. D. S. ADAMS, of Manchester, continued a report commenced at the last annual meeting of a case of *Pulmonary Abscess*, and brought the patient before the members to illustrate his condition as compared with one year since. There is still an open pulmonary fistula, through which air will pass when forced inhalation is practised, yet he has gained several pounds in weight, and the report said he should have considerable hope that he might attain a comfortable degree of health for a few years if his habits did not lead him to all kinds of excess.

DR. P. A. STACKPOLE, of Dover, read a dissertation on *Venesection*, and took the ground that the fact that blood-letting had become one of the lost arts was not of an advantage to the profession or the public.

He claimed that in many diseases the course could be shortened or modified far better with the lancet than with drugs, yet the diagnosis must be correct, for it was far too potent an agent to use in cases in which mere guesswork was the foundation for treatment.

WEDNESDAY, JUNE 20TH, SECOND DAY.

The Society came to order at 8.30 A.M., and reports of district societies, delegates to other States, and delegates to Dartmouth Medical College were read, and considerable miscellaneous business was transacted, and the following were elected

OFFICERS FOR THE ENSUING YEAR:

President.—John W. Parsons, M.D., of Portsmouth.
Vice-President.—John Wheeler, M.D., of Pittsfield.
Treasurer.—D. S. Adams, M.D., of Manchester.
Secretary.—G. P. Conn, M.D., of Concord.
Anniversary Chairman.—A. P. Richardson, M.D., of Walpole.

Executive Committee.—Drs. A. H. Crosby, Charles R. Walker, of Concord; and George D. Towne, of Manchester.

A Council consisting of twenty members, and a Board of Censors made of ten members, was chosen, representing the various sections of the State.

The Next Annual Meeting will be held in Concord on the third Tuesday of June, 1884.

RHODE ISLAND MEDICAL SOCIETY.

*Seventy-second Annual Meeting, held at Providence,
June 21, 1883.*

(Specially reported for THE MEDICAL NEWS.)

THE Rhode Island Society held its Seventy-second Annual Meeting in Lyceum Hall, Providence, Thursday, June 21st. The *President*, DR. JOB KENYON, occupied the Chair.

The *Secretary*, DR. GEO. D. HERSEY, presented his report, showing that four meetings of the Society had been held during the past year; that the present active membership numbers one hundred and eighty-five, and that three Fellows have died since the last annual meeting, viz., Drs. George Capron, Geo. E. Mason, and Nathaniel A. Fisher, all of Providence.

The *Report of the Treasurer*, DR. C. H. LEONARD, was as follows:

Received,	\$1,083 21
Expended,	723 19
On hand,	\$360 02

It was voted to add the sum of \$490 to the Publishing Fund.

The *Reports of the Delegates to the American Medical Association* were called for. Drs. D. Homer Batchelder and Ariel Ballou responded, speaking in favorable terms of the proceedings at the Cleveland meeting, and of the general outlook for the future of the Association.

The *Board of Censors* reported the names of five applicants for membership, said applications to lie over till the next regular meeting, according to the by-laws.

Dr. R. M. Griswold, of North Manchester, Connecticut, was introduced as a *delegate from the Connecticut Medical Society*.

Dr. H. R. Storer, of Newport, a *delegate from the Newport Medical Society*, being called on, spoke pleasantly in behalf of the Society he represented, whose membership of seventeen, he said, included all the regular physicians of Newport except one or two.

Dr. C. H. PARSONS, *Chairman of the Trustees of the Fiske Fund*, reported briefly as to the investment of the same.

The following gentlemen were then elected

OFFICERS FOR THE ENSUING YEAR:

President.—Job Kenyon, M.D.

Vice-Presidents.—O. C. Wiggins, M.D., and H. G. Miller, M.D.

Secretary.—George D. Hersey, M.D.

Treasurer.—Chas. H. Leonard, M.D.

Censors.—Drs. Ariel Ballou, Otis Bullock, J. H. Eldredge, Geo. P. Baker, J. W. C. Ely, Lloyd Morton, S. S. Keene, Benj. Greene.

The *reports of delegates to other State Societies* being in order, Dr. H. G. Miller responded as delegate to Massachusetts; Dr. W. S. Bowen to New Hampshire; Dr. Neil O'Donnell Parks to New Jersey; Dr. W. E. Anthony to Maine, and Dr. Browning to Connecticut.

The Chair presented a communication from the Secretary of the Newport Medical Society, accompanied by a draft of an enactment to be presented to the General Assembly of the State, providing for the

ABOLITION OF THE PRESENT CORONER SYSTEM

by so modifying it that only properly qualified persons can be appointed to the office of Coroner.

Several Fellows spoke with much earnestness on the subject, urging the need of change and reform in our present system, and citing instances from their present experience illustrative of the same.

The proposed Act, as now framed, provides for the establishment of the office of *Medical Examiner* and gives in detail the duties of the office. Section I. abolishes the office of Coroner altogether. Section II. provides for the election by the General Assembly of able and discreet men in each county, learned in the science of medicine, who shall be between the ages of twenty-five and forty-five years, to be medical examiners. Section III. regulates the number of examiners for each county. The remaining clauses of the Act, as framed, relate to the time for which such examiners shall hold their office, amount of bond required, fees, manner of examination, expenses, subpoenas for witnesses, duties of trial justices, etc., thus so entirely changing the law bearing on coroners and their duties as to admit of the appointment of none but regular practitioners of medicine, and to preclude all possibility of concealing the crime of murder or evading punishment for endangering human life.

It was voted to appoint by ballot a committee of three Fellows, to whom the subject shall be referred for consideration and modification if necessary, with instructions to report on the same at the next quarterly meeting.

The committee elected were the following: Dr. Ariel Ballou, of Woonsocket; Dr. Samuel W. Francis, of Newport; and Dr. James H. Eldredge, of East Greenwich.

It was also voted that two hundred copies of the proposed enactment be printed for the use of the Society.

It was then voted that the next quarterly meeting be held at Newport.

The *President*, DR. KENYON, then read his *Annual Address*. It was a thoughtfully written paper on the subject of "Rational Therapeutics," and received the close attention of the Society for the twenty minutes of its delivery.

The meeting then adjourned to Spink's Hall, where the annual dinner was served, Dr. S. W. Francis acting as Anniversary Chairman.

MINNESOTA STATE MEDICAL SOCIETY.

*Fifteenth Annual Meeting held at Minneapolis,
June 19 and 20, 1883.*

(Specially reported for THE MEDICAL NEWS.)

TUESDAY, JUNE 19TH, FIRST DAY.

MORNING SESSION.

THE Society was called to order by the *President*, DR. P. H. WILLARD, of Stillwater.

After the usual preliminary exercises, DR. McMURDY, of Minneapolis, extended a hearty welcome to the Society on behalf of the city and of the medical profession, and he was followed by the *Chairman of the Executive Committee*, DR. KIMBALL, of Minneapolis, who set forth the order of business adopted, and then, in the name of the physicians of Minneapolis, invited the Society to make an excursion after its adjournment to Lake Minnetonka, and to a banquet at the Hotel Lafayette, at that favorite watering-place.

About forty applicants for membership were, upon recommendation of the Committee on Credentials, elected by the Society.

THE LIBRARY AND MUSEUM OF THE SURGEON-GENERAL'S OFFICE.

DR. TALBOT JONES, of Saint Paul, introduced the following resolutions, which were unanimously adopted:

Whereas, The collections known as the Army Medical Library and Museum of the Surgeon-General's Office, Washington, D. C., are the most extensive and

valuable in America, and are unequalled even in Europe, and as their usefulness to the medical profession is very great, as is evidenced by the many years spent in their collection, by their emphatic endorsement by the said profession, and by the anxiety evinced lest they should be injured or destroyed; and

Whereas, This valuable collection is now placed in a building altogether inadequate to its proper care and protection, and is constantly in danger of being destroyed by fire, which would cause an irreparable loss to the profession throughout the country; therefore

Resolved, That the Minnesota State Medical Society, recognizing the inestimable value of the Army Medical Library and Museum, believe that Congress will meet the wishes of the medical profession of the United States by making an appropriation sufficient to provide a fire-proof building suitable, as regards security and size, to accommodate the collections; and they are respectfully but earnestly urged to make such an appropriation.

Resolved, That a copy of these resolutions be sent to each senator and representative of our State, and that they be urged to use all their influence in bringing the matter before Congress, and in securing favorable action in the premises.

AFTERNOON SESSION.

Upon reassembling in the afternoon the President delivered

THE ANNUAL ADDRESS,

in which the Society, while congratulated upon its *esprit de corps* and devotion to the highest interests of the medical profession, was reminded that the standard of professional excellence is high, and that efforts for its maintenance should not be relaxed. Reference was made to the act regulating the practice of medicine, which was adopted by the Legislature last winter; confidence in its efficacy was expressed, with the conviction that its operation would prove both effectual and beneficent in exposing and expelling pretenders, and in protecting legally qualified physicians as well as the public at large. Some notice was given to antisepsis as a surgical method as resorted to in Great Britain and on the Continent, but Listerism in all its minute details was not commended. Finally, attention was directed to the labors of Koch and others in the field of mycology, and to the importance both to pathology and therapeutics of the results that may be anticipated.

THE REPORT OF THE COMMITTEE ON MEDICAL EDUCATION,

was presented by the *Chairman*, DR. HEWITT, Secretary of the State Board of Health. It was chiefly an appeal to the members of the Society to lend their influence to secure a more thorough training of the student, especially as preparatory to his attendance upon lectures; and the opinion was expressed with warmth, that the degree of M.B. should precede that of M.D., as no man can be truly called *doctor* until he has acquired, by experience, the qualifications and ability to teach others.

Occasion was taken to comment at length upon the new law regulating the practice of medicine in Minnesota, whose most important provisions are, briefly, as follows: A faculty of five physicians is elected by the Regents of the State University, comprising Chairs of Anatomy, Practice, Surgery, Materia Medica, and Obstetrics [the gentleman to whom the latter Chair has been assigned represents the homœopathic school]. The functions of the faculty are purely those of an examining Board; whatever may be done hereafter in organizing a medical department of the University as

a school, at present it is not intended that the faculty shall be teachers. All physicians and persons practising medicine, of whatever creed or school, are required to present their diplomas to the faculty, and its members are empowered to decide which schools shall receive recognition and which shall not. All who possess credentials satisfactory to the Board, are enrolled as legally qualified to pursue their calling; others are required to pass an examination, which, if accomplished, entitles them to a license to practise, but if not, makes them liable to penalties should they continue to pursue the profession of a physician. The foregoing relates to all physicians the minimum period of whose residence in the State has been five years: those who have become residents within that time must pass an examination, without regard to the validity of their credentials: upon compliance with this requirement, if successful, a license to practise is issued, even though the applicant be not a graduate. Presentation of bogus diplomas is made equivalent to forgery, and, constituting a criminal act, is punishable by severe penalties.

It is believed that the enforcement of the law will eventually be of value in thus plainly designating those who are entitled to the confidence of the community; and the separation of the offices of teaching and examining is regarded as a step which must sooner or later be taken wherever medicine is taught.

A Case of Leprosy, in the person of a young Norwegian, was exhibited to the Society by Dr. Stone, and excited much interest.

THE COMMITTEE ON PRACTICAL MEDICINE

presented a report through its *Chairman*, DR. ABBOTT, of Minneapolis, who dealt mainly with croup and diphtheria; the question of their identity, their etiology, pathology, and treatment: the report closed with an able and carefully prepared paper by Dr. Abbott, upon tracheotomy and its value as a remedial measure in acute laryngeal disease. The report, embracing citations of cases, was discussed with much interest; an animated debate occurring upon the question whether it is always practicable to differentiate with certainty, follicular tonsillitis, and diphtheria. A case had been reported of a child, suffering apparently from an ordinary attack of the former affection, in whose mouth and fauces no membrane could be discovered, and who, though discharged from treatment after three days, was attacked in about a fortnight by paralysis clearly of diphtheritic origin, and which proved rapidly fatal; *i. e.*, within a month from its commencement. The question was raised whether there are not cases of diphtheria analogous to those of the exanthemata in which the eruption seems to be absent; diphtheria without the membrane, yet manifestly diphtheria. As regards tracheotomy, the usual difference of opinion prevailed; some advocating it in every case, regardless of type, in which laryngeal stenosis occurs to an extent sufficient to cause even moderate dyspnoea, and others affirming that it should be limited to cases in which no pronounced toxæmia exists, as this in their opinion would contraindicate the operation.

DR. WHEATON, of St. Paul, *Chairman of the Committee on Surgery*, read a paper

ON SHOCK,

in which, after dwelling upon its pathology, he deprecated the practice of primary amputation after railway injuries, and maintained that the operation should not be performed until the period of reaction arrives. In the ensuing discussion, this view seemed to be entertained by the Society, though there was some difference of opinion as to the agency of psychical influences in the production of shock.

Reports were received from various committees. That upon Diseases of Children, by DR. OWENS, dealt with

DIPHTHERIA.

A firm belief in the germ origin of the disease was expressed, and the internal administration of iodine and carbolic acid recommended as a treatment both logical and effectual. The debate which followed revealed the usual diversity of views; some contending for and some against the local origin of the malady, while others held that it may be either local or general in its mode of invasion. So, also, the value of albumen in the urine as an element in prognosis was denied by some and upheld by others.

The report of the Committee on Obstetrics, by Dr. Lincoln, included the relation of cases of dystocia and of placenta prævia, with their management.

On motion of the *Treasurer*, DR. SHEARDOWN, it was ordered that an honorarium of two hundred dollars be presented to Dr. Boardman, in acknowledgment of his services as Secretary; he having discharged the duties of the office for several years without compensation.

WEDNESDAY, JUNE 20TH, SECOND DAY.

DR. HUNTER, of Minneapolis, a pupil of Lister, exhibited to the Society a *Case of Compound Fracture of the Ankle*, and in their presence applied dressings in accordance with the tenets of the illustrious apostle of antiseptis.

It was ordered that the *Northwestern Lancet*, published in St. Paul, be made the official organ of the Society.

THE ANNUAL ESSAY,

by DR. RIGGS, of Saint Paul, had for its theme Functional Nervous Disease, and, more particularly, Neurasthenia. In this paper the statement was made that Minnesota is more productive of this class of neuroses, in proportion to her brain-working class, than any other State in the Union; and that, as a result of our climatic environment, we are more sensitive to heat and cold than foreigners. Galvanization of the brain and superior ganglion of the cervical sympathetic was recommended as useful in brain-exhaustion; and, in the insomnia so frequently attendant upon functional nervous disease, the writer affirmed that no measures are comparable with galvanism and frequent feeding during the night. The bromides, chloral, opium, and alcohol should seldom be used, since galvanism, careful nutrition, and massage will, in a more successful manner, meet the exigencies of the case. In the speaker's experience, galvanism is infinitely superior to faradization in the treatment of functional nervous disease, notwithstanding the statements of Beard and Rockwell to the contrary. In some cases, static electricity was held to be of value.

The following were elected

OFFICERS FOR THE ENSUING YEAR:

President.—Dr. W. L. Lincoln, of Wabashaw.

Vice-Presidents.—Dr. E. J. Davis, of Mankato; Dr. Jas. Davenport, of Saint Paul; Dr. R. L. Moore, of Spring Valley.

Treasurer.—Dr. S. B. Sheardown, of Stockton.

Recording Secretary.—Dr. C. H. Boardman, of Saint Paul.

Corresponding Secretary.—Dr. Clara E. Atkinson, of St. Paul.

Dr. Fenger and Dr. C. T. Parks, of Chicago, and Dr. Ayres, of Omaha, were elected *Honorary Members*.

The usual complimentary resolutions were adopted, and the Society adjourned, to meet in Stillwater on the third Tuesday of June, 1884.

NEWS ITEMS.

NEW YORK.

(From our Special Correspondent.)

THE CODE AND THE RESULTS OF THE POLL OF THE PROFESSION IN NEW YORK STATE.—The Council of the New York State Medical Association for upholding the National Code of Ethics, reports the progress made in the canvass which has been undertaken to ascertain the views of the profession of the State on the subject of the Code of Ethics, as follows: A circular has been sent to each member of every county society, and also to many who are not members of county societies. Two thousand two hundred and fifty-six affirmative replies have already been received. The number is increasing daily. In the city of New York alone, upwards of seven hundred medical gentlemen have signified in writing their adherence to the National Code, and their names are appended to this report. Many in this and other counties are still silent, and these are earnestly appealed to for a speedy answer, as it is desired that the vote of every member of the regular profession be given on this question.

The subjoined exhibit gives, by county, the number of those who are in favor of the National Code. Many county societies known to be loyal have not yet sent in their full quota.

Number of Physicians, in each County of the State of New York, who uphold the National Code of Medical Ethics.

COUNTIES.	Nos.	COUNTIES.	Nos.
Albany.....	40	Onondaga	66
Allegany.....	14	Ontario	21
Broome.....	28	Orange	18
Cattaraugus.....	14	Orleans	16
Cayuga.....	20	Oswego.....	20
Chautauqua.....	26	Otsego.....	15
Chemung.....	21	Putnam.....	7
Chenango.....	46	Queens.....	44
Clinton.....	27	Rensselaer.....	74
Columbia.....	14	Richmond	11
Cortlandt.....	22	Rockland	9
Delaware.....	16	St. Lawrence	13
Dutchess.....	40	Saratoga	27
Erie.....	107	Schenectady.....	12
Essex.....	14	Schoharie	12
Franklin.....	15	Schuyler	12
Fulton.....	10	Seneca.....	21
Genesee.....	15	Steuben.....	18
Greene.....	17	Suffolk.....	18
Herkimer.....	25	Sullivan.....	17
Jefferson.....	23	Tioga.....	19
Kings.....	148	Tompkins.....	13
Lewis.....	11	Ulster.....	19
Livingston.....	11	Warren.....	18
Madison.....	19	Washington.....	10
Montgomery.....	16	Wayne.....	24
Monroe.....	53	Westchester.....	44
New York.....	742	Wyoming.....	12
Niagara.....	25	Yates.....	9
Oneida.....	58		

Total, for the whole State, to June 21, 2256.

The above exhibit indicates how each county now stands, and what the chances are for an increase of the majority for the National Code.

The Council having canvassed all sides, beg leave to report that six hundred and thirty-nine (639) in the whole State have declared themselves in favor of the "New Code," and two hundred and five (205) in favor of no code; of these latter, many say, "no Code rather than the New, but if there is to be a Code let it be the

National." More than twenty-two hundred (2200) in this State say, "there shall be a Code, and that Code shall be the National." This clearly shows that the National Code is now sustained by a very large majority, and there is every reason to believe that this majority will soon be greatly increased.

To some objections which have been received, the Council replies that the purpose of the Code is not directly to combat quackery, but to regulate the conduct of physicians toward irregular practitioners, as well as toward each other and toward the public; that the approval of the Code has nothing to do with penalties for the non-observance of its rules, and that the institution and enforcement of penalties belong exclusively to local societies. Admitting frequent violations of the Medical Code, it is no more to be abrogated on that account, than other moral precepts which are not observed by all, or which are not rigidly enforced. The members of the Council have strictly abstained from appeals to the public in regard to the unfortunate discussion now existing in this State on the subject of the Ethical Code. They have not permitted themselves to be interviewed; they have not, directly or indirectly, furnished communications for newspapers, nor have they assailed the motives of those who have been active in efforts to establish an important alteration in the Code. They believe that peace and harmony cannot exist in the profession until the "New Code" advocates cease their agitation, put an end to the disturbance which they have created, and quietly submit to the will of the majority. The result of the present canvass, as far as it has progressed, plainly shows that the profession does not sustain the "New Code," but desires the reenactment of the National, which should be the only Code of Medical Ethics in this and every State of the Union. That this is the sentiment of the medical profession throughout the land—North, South, East, and West—no one can doubt.

In the *New York Herald* for June 6th it is stated that the New Code advocates have also published a pamphlet report of their canvass, from which we extract the following statement:

"The subscriptions to the New Code now reach 1265. They are drawn from the different counties in number as follows:

COUNTIES.	Nos.	COUNTIES.	Nos.
Albany.....	19	Onondaga.....	11
Allegany.....	7	Ontario.....	7
Broome.....	8	Orange.....	7
Cattaraugus.....	4	Orleans.....	2
Cayuga.....	10	Oswego.....	10
Chautauqua.....	7	Otsego.....	8
Chemung.....	8	Putnam.....	1
Chenango.....	8	Queens.....	5
Clinton.....	2	Rensselaer.....	5
Columbia.....	5	Richmond.....	6
Cortlandt.....	2	Rockland.....	5
Delaware.....	6	St. Lawrence.....	13
Dutchess.....	15	Saratoga.....	3
Erie.....	19	Schenectady.....	7
Essex.....	1	Schoharie.....	7
Franklin.....	6	Schuyler.....	4
Fulton.....	4	Seneca.....	3
Genesee.....	5	Steuben.....	23
Greene.....	4	Suffolk.....	2
Herkimer.....	4	Sullivan.....	2
Jefferson.....	12	Tioga.....	5
Kings.....	73	Tompkins.....	7
Livingston.....	9	Ulster.....	7
Madison.....	8	Warren.....	4
Montgomery.....	5	Washington.....	7
Monroe.....	22	Wayne.....	7
New York.....	251	Westchester.....	7
Niagara.....	2	Wyoming.....	1
Oneida.....	12	Yates.....	1

"The total number of signers in the report is 1265,¹ but it was understood several days ago that over one hundred more had subscribed, and the list has been increased since then. The total membership of the County Medical Societies is 3,827, so that the liberals thus far have only captured a large one-third. They say that the Old Code men have only obtained about six hundred signatures up to date, and that the remainder are non-committal as yet."

PHILADELPHIA.

JEFFERSON MEDICAL COLLEGE.—At a meeting of the Board of Trustees, held last Monday evening, Dr. Theophilus Parvin, of Indianapolis, was elected to the Chair of Obstetrics and Diseases of Women and Children, rendered vacant by the resignation of Prof. Wallace.

Dr. Parvin was born in Buenos Ayres in 1829, acquired a liberal education at the State University of Indiana, and received the degree of M.D. from the University of Pennsylvania in 1852. He has had considerable experience as a teacher, having held professorships in the Medical College of Ohio and in the College of Physicians and Surgeons of Indiana, and is now Professor of Obstetrics and Medical and Surgical Diseases of Women in the University of Louisville. He was President of the American Medical Association in 1879.

Dr. Parvin is widely known as a learned and scholarly writer, and enjoys a high reputation as a lecturer and teacher. He is at present engaged in writing a systematic work on Midwifery, which, we understand, will appear shortly. His election is regarded with great satisfaction by the friends of the school.

NEW ORLEANS.

(From our Special Correspondent.)

SUMMER is well upon us, and although the thermometer has not ranged very high, the suffering from heat has been very great and general. The cause of this is the excessive relative humidity. On June 8th, at 2 P. M., the relative humidity was 90, while the temperature was 87.4°. Total rainfall for week ending June 9th, 4.51 inches. There were two cases of sunstroke for week ending June 16th. The temperature of one of the cases was 109.5° in axilla just before death.

SMALLPOX, strange to say, still has its own way. Deaths for week ending June 9th, 33 colored, 12 white. The fight against it is open to criticism. The Board of Health still refuses coöperation with the Auxiliary Sanitary Association in any and all matters. Deaths for week ending June 16th, 27 colored, 17 white.

One of the cases of leprosy—a woman—in the hospital broke out on May 15th with smallpox. Several instances have occurred in which persons have entered the hospital with a fever which afterwards proves to be that of the stage of invasion of smallpox. She probably became infected from one of these cases.

MALARIAL FEVERS are coming rapidly to the front. Under the warmth of the June sun and the rains, the poison is rapidly generated in the swamps which surround New Orleans. Last week, ending June 9th, there were six deaths from malarial fever, five being called congestive. It is interesting to note how largely the term *congestive* figures in the mortuary reports from this section of country. While it is reasonable to conclude that the influence of malaria and the effect of heat in enervating nerve function, should render the occurrence of congestion a more frequent event in warm latitudes than in those which are more temper-

¹ [See, actual count shows 715.]

ate; there is still reason to believe that it is less often a cause of death than the local statistics would show.

THE NATIONAL BOARD OF HEALTH INSPECTION SERVICE began May 15th, and will continue until June 30th, when its funds expire. If no other good is done by it, certainly the prevention of senseless shotgun quarantines should be appreciated. Should a rumor of yellow fever in New Orleans be started, and no responsible inspectors certify to the non-infectiousness of passengers and goods per railroad and steamers, trains will be compelled to pass stations at full-speed, and steamers be prevented from landing at any little town which may become panic-stricken. Of course, such rumors are liable to be started at any time, but the officers of all the health organizations here are pledged to report any true or suspicious case as soon as discovered; and credence should be given to them, and not to every idle report prompted by malice or otherwise.

YELLOW FEVER.—No case has been reported yet. Not so very many years ago—indeed, not more than twelve years—doctors vied with each other as to who would have the first case of yellow fever. It was a big thing to report the first case; almost as much so as to report the greatest number. Now a doctor shuns the trials and tribulations attendant upon the diagnosis of the first case, and the gossip and criticism which meet him on every side.

THE ODONTOLOGICAL SOCIETY had its annual meeting and dinner last week: both a success.

BERLIN.

(From our Special Correspondent.)

VIVISECTION BEFORE THE GERMAN DIET.—The editorial in THE MEDICAL NEWS of May 26th, recalls to mind the strange fact that the antivivisectionist agitation has made remarkable progress even in Germany. Petitions, systematically organized all over the country, were brought before the German Diet. The Petition Committee proposed a simple Order of the Day, since no evidence was given of any real mischief, and since the House would confide in the government instantaneously restraining every abuse in the future. But notwithstanding that the Secretary of State for Public Instruction himself made a long and able speech in favor of scientific vivisection, in the session of April 16th, the House resolved, by a slight majority, to recommend the petitions to the Government for consideration.

HUMBOLDT MONUMENT.—By erecting the statues of Alexander v. Humboldt and his brother Wilhelm in front of the University, the government and the metropolis have fulfilled a long-felt duty. The eulogium upon Alexander, was made by Professor Virchow, who dwelt upon the pains-taking energy of the great naturalist.

DR. HENRY J. BIGELOW.—At a meeting of the Royal Medical and Chirurgial Society of London, held on June 12th, Dr. Henry J. Bigelow, of Boston, was elected a Foreign Honorary Fellow, as were also Prof. Charcot, of Paris, Prof. DuBois Reymond, of Berlin, and M. L. Pasteur, of Paris.

THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE met at Newport on Tuesday. Dr. J. H. Collender, of Nashville, presided. The following officers were elected for the ensuing year: President, Dr. John P. Gray, of Utica, N. Y.; Vice-President, Dr. Pliny Earle, of Northampton, Mass.

WHAT THE HOMŒOPATHISTS THINK OF THE NEW YORK CODE.—*The New York Tribune* has been interviewing prominent homœopaths to ascertain their views on the controversy in reference to the Code now going on in New York, and finds that they regard it with "perfect equanimity and undisguised amusement," and that they spurn the idea of their abandoning the "law of similars."

Dr. S. P. Burdick, who is a professor of obstetrics in the Homœopathic Medical College, thus expressed himself to the *Tribune* reporter: "There is no doubt at all that the consideration that led to the adoption of the New Code was largely pecuniary. The homœopaths, as a rule, have carried with them a clientele that represents the largest amount of money. The result has been that, with our advance, specialists have grown up in our school as clear-headed and successful as those of the old school, if not more so. We have reached a point where in no branch in the practice of medicine, surgery, or obstetrics are we obliged to go out of our own ranks for the best aid and counsel. That, I suspect, has dawned on their minds, and they have come to see that they have kept themselves out of a great deal of lucrative consultation practice which might have fallen into their hands if they had treated us with decent consideration. Of course, we enjoy their controversy now. We never asked for their consultations, and their refusal to consult with us never gave us the slightest discomfort, for the reason that we have been able, with truth in our hands, to work without them. We have the kindest of feelings toward our brother-practitioners on the other side, and I for one will only be too happy to extend to them any advantage that I can in opening up the great field of truth, believing as I do that in the healing art there should be only one sentiment in the minds of those that practise it, namely, to grasp everything and anything that looks toward the benefit of sick and suffering humanity. When anything presents itself that is in advance of homœopathy, I will be one of the first to accept it."

HEALTH IN MICHIGAN.—Reports to the State Board of Health, for the week ending June 16, 1883, indicate that intermittent fever has increased, that pneumonia has considerably decreased, and that erysipelas, bronchitis, cholera-morbus, diarrhoea, measles, inflammation of the brain, rheumatism, and whooping-cough have decreased in area of prevalence.

Including reports by regular observers and by others, diphtheria was reported present during week ending June 16, and since, at twelve places; scarlet fever, at twenty-one places; and measles, at twenty-six places; smallpox was reported in Kalamazoo Township, Kalamazoo Co., (seven cases) June 16. The last case in Lyons Township, Ionia Co., died June 11.

A correspondent at St. Joseph, Berrien Co., writes: June 12, 1883, that paralysis is the most prevalent disease in that locality, attacking persons at all ages, but especially the young, and seems largely due to preceding intermittent fever, convulsions, and hydrocephalus.

OFFICIAL LIST OF CHANGES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JUNE 18 TO JUNE 25, 1883.

BIART, VICTOR, *Captain and Assistant Surgeon.*—Assigned to duty as Post-Surgeon at Fort Lisseton, D. T.—*Par. 1, S. O. 102, Department of Dakota, June 13, 1883.*

GORGAS, W. C., *First Lieutenant and Assistant Surgeon.*—The leave of absence granted in *Par. 5, S. O. 51, c. s., Department of Texas, extended one month.—S. O. 63, Military Division of the Missouri, June 10, 1883.*

WYETH, M. C., *First Lieutenant and Assistant Surgeon.*—Assigned to duty at Fort Maginnis, M. T.—*Par. 2, S. O. 103, Department of Dakota, June 14, 1883.*

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